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ABSTRACT

This abridged version of the Secretary-General's report to the United Nations General Assembly's Special Session on Children details the achievements of the 1990 World Summit for Children. Nearly 150 countries provided national progress reports of their implementation of goals set forth in the Summit and the 1989 Convention on the Rights of the Child. The first part of the report, First Call for Children, provides an overview of successes throughout the 1990s and areas of continued concern. The Secretary-General acknowledges net progress for children, despite unfinished business and new challenges. Some areas of disappointment are the growth of HIV/AIDS and the enlarged gap in per capita income between industrialized and developing countries. Failure to achieve many goals of the Summit can be attributed to insufficient financial commitment from developing countries and donors. The second and largest part of the report details progress in implementing the World Summit declaration. This part has three subsections: (1) Health, Nutrition, Water and Sanitation; (2) Education and Literacy; and (3) Children's Protection and Civil Rights. Health topics include women's health, HIV/AIDS, policy strategies, and future actions. Education includes not only primary, secondary, and vocational education but also child labor, adult literacy and life skills. The section on children's protection consists of Role of the Family, Civil Rights and Freedoms, and Special Protection

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Measures, including child labor, children in armed conflict, and sexual abuse and exploitation. The reports final part deals with perspectives for the future. This part explains lessons learned from the past decade, such as the need for broad human rights, accountable government, and empowerment of all people in order to improve the lives of children. The report concludes with a reminder that the international community has the resources, understanding, and experience to build a world fit for children and the irrefutable obligation to do so. (KK)

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We the children

Meeting the promises of the World Summit for Children

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Both this abridged document and the complete report are available at: www.unicef.org
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We the children

Meeting the promises of the World Summit for Children

Kofi A. Annan
Secretary-General of the United Nations

PREFACE

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The desire for our children's well-being has always been the most universally cherished aspiration of mankind.

The United Nations General Assembly's Special Session on Children, to which this report is addressed, is a historic opportunity for world leaders to renew their commitment to creating a world fit for children. It is also a natural successor to the Millennium Summit, at which those leaders pledged to halve the proportion of people living in extreme poverty, to reduce child and maternal mortality, to provide clean water and basic education for all, to reverse the spread of HIV/AIDS and to reach many other development goals that are vital for our children's future.

It is sometimes said that at United Nations conferences goals are ever set but never met. This report refutes that assertion. It demonstrates, with facts and figures, how the 1990 World Summit for Children, at that time the largest gathering of world leaders in history, was indeed very systematically followed up and rigorously monitored and has resulted in many impressive achievements. Not least, it catalysed political commitment behind the Convention on the Rights of the Child, which is now the world's most widely embraced human rights instrument. The fact that not all the goals and targets of the World Summit were fully achieved should now serve as a spur for greater political support, increased resources and more dynamic social mobilization.

There is no task more important than building a world in which all of our children can grow up to realize their full potential, in health, peace and dignity. I commend this report to all the participants in the Special Session on Children, and to the millions of dedicated activists around the world who have united behind this cause.

Kofi A. Annan
Secretary-General
of the United Nations

PART I:
FIRST CALL FOR CHILDREN

We were all children once – and we are now the parents, grandparents, uncles and aunts of children.

Children's needs and wishes, hence, are not difficult to understand. They want, expect and have the right to the best possible start in life. And we must do all we can to ensure that they, and the generations of children to come, receive this – a safer, fairer, healthier world.

The United Nations itself was born out of this conviction. Its Charter pledges to "save succeeding generations from the scourge of war…to reaffirm faith in fundamental human rights…and to promote social progress and better standards of life in larger freedom." And with each successive generation of children since the UN was established, more than half a century ago, we have seen both the keeping and the breaking of that promise. On the one hand, each new generation of children has had a greater chance of surviving and thriving than the one before. On the other hand, despite unprecedented global prosperity, far, far too many fall by the wayside. No one who respects the UN's founding vision can feel that responsibilities to the world's children have been fulfilled.

To carry forward the vision of the UN Charter, in September 1990 the largest group of world leaders ever convened until then sat down at an immense circular table at UN Headquarters in New York and discussed, in frank and impassioned terms, their responsibilities to children. For those present, the World Summit for Children was a transcendent experience. Just weeks earlier, the Convention on the Rights of the Child, adopted by the UN General Assembly in 1989, had entered into force, ratified more quickly and by more countries than any previous human rights instrument. Proclaiming that "there can be no task nobler than giving every child a better future," the 71 Heads of State and Government and 88 other senior delegates promised to protect children and to diminish their suffering; to promote the fullest development of their human potential; and to make them aware of their needs, their rights and their opportunities.

"The well-being of children requires political action at the highest level. We are determined to take that action."

Declaration of the World Summit for Children, 30 September 1990

They also promised to uphold the far-reaching principle that children had 'first call' on all resources, that they would always put the best interests of children first – in

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good times or bad, in peace or in war, in prosperity or economic distress. "We do this," the leaders declared, "not only for the present generation, but for all generations to come."

Leaders committed themselves to a World Declaration on the Survival, Protection and Development of Children and a Plan of Action that included 27 specific goals relating to children's survival, health, nutrition, education and protection. The goals represented the clearest and most practical expression of the Convention on the Rights of the Child. This ambitious but feasible agenda was to be achieved by the year 2000 through a series of actions at the national and international levels, including the formulation of national and subnational plans of action; the re-examination of existing national and international programmes, policies and budgets to see how higher priority could be given to children; the encouragement of families, communities, social and religious institutions, business and the mass media to support the Summit's goals; the establishment of mechanisms for the regular collection and publication of data on children; and the promotion of efforts by government, industry and academic institutions to achieve technological breakthroughs, more effective social mobilization and better delivery of services.

The Summit, remarkable for its clear focus on achievable goals, was historic also for specifying systematic follow-up procedures and rigorous monitoring of progress towards them. Some 155 countries prepared national programmes of action (NPAs) aimed at implementing the Summit goals; many prepared subnational plans as well. Over 100 countries conducted monitoring surveys with the capacity-building support and active involvement of many UN agencies, multilateral and bilateral donors, universities, research institutions and non-governmental organizations (NGOs). Responding to the call of the Summit, a record 192 countries have ratified or signed the Convention on the Rights of the Child. Those that have ratified are required to report on their progress in realizing these rights. Moreover, the Secretary-General has reported periodically to the UN General Assembly on progress towards achieving the Summit goals, including a major mid-decade review in 1996. UNICEF has prepared progress reports on the implementation of Summit goals and disseminated them through its flagship publications, *The Progress of Nations* and *The State of the World's Children.* In 2000, a wide-ranging, end-decade review process culminated in the preparation of substantive national progress reports by nearly 150 countries, the largest single data collection effort ever for monitoring children's rights and well-being, information that is presented in the accompanying 'Statistical Review'.

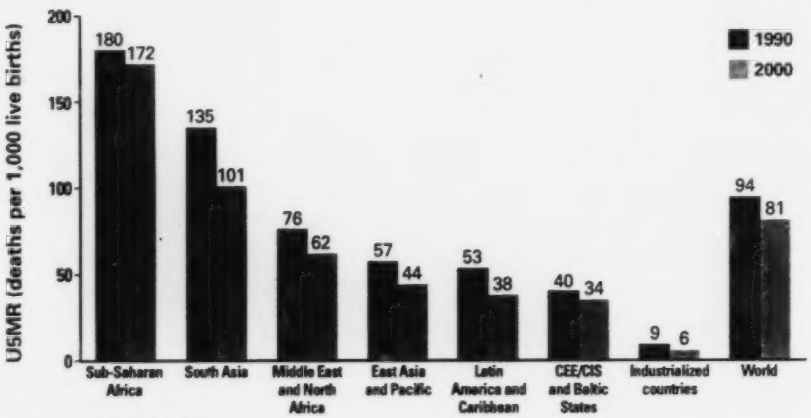
The world has seen more gains against poverty and more progress for children in the last 50 years than in the previous 500.

The breadth and quality of the follow-up response to the Summit have made it possible to objectively assess the decade's achievements, its setbacks and the lessons learned for the future. The picture that emerges is mixed. Real and significant progress has been made in a number of areas – perhaps much more than is commonly recognized. It is important to remember that the world has seen more gains against poverty and more progress for children in the last 50 years than in the previous 500. But there have also been setbacks, slippage and, on some fronts, real regression. On

balance there has been net progress, laying a good foundation for completing the unfinished business of the World Summit and tackling new challenges.

Real progress for children

Some 63 countries, for example, achieved the Summit goal of reducing by one third the death rate of children under five, while over 100 countries cut such deaths by one fifth. Consequently, there are now 3 million fewer under-five deaths each year than at the beginning of the 1990s; one third of these young lives are saved just by achieving the Summit goal of reducing child deaths from diarrhoeal disease by 50 per cent.



Under-five mortality rate, change over period 1990-2000

Source: UNICEF, 2000.

The high levels of child immunization reached in the late 1980s in most regions of the world have been sustained. A global immunization partnership of governments, UN agencies, NGOs and diverse elements of civil society has brought polio to the brink of eradication – the number of reported polio cases in the world is now 88 per cent lower than a decade ago. National immunization campaigns in developing countries have made it possible to provide vitamin A supplements on a mass scale, reducing child deaths as well as cases of irreversible blindness. After decades of precipitous decline, the life-sustaining practice of breastfeeding increased in the 1990s. Because 1.5 billion additional people now have access to iodized salt, there has been dramatic progress in preventing iodine deficiency disorders, the world's major cause of preventable mental retardation, against which an estimated 90 million newborns are now protected every year. And worldwide, there are more children in school than ever before.

Thanks to the far greater awareness of child rights spurred by the Convention on the Rights of the Child, egregious violations are being systematically exposed and actions taken to combat them. NGOs and the media are increasingly active in drawing public attention to special protection issues, such as hazardous and exploitative child labour, the trafficking and sexual abuse and exploitation of children, the impact of armed conflict on children, and other forms of violence, much of it gender based.

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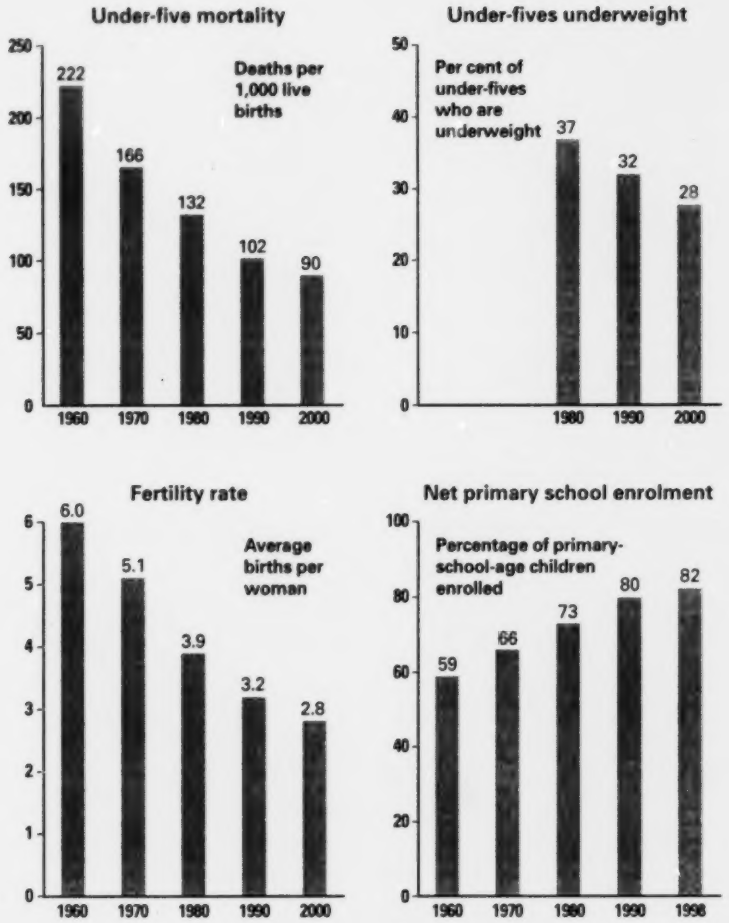
Progress in developing countries



Sources: UNICEF, ACC/SCN, UN Population Division and UNESCO, 1998 and 2000.

Issues relevant to children are also higher on national and global political agendas. Planning for children has spurred the mainstreaming of children's concerns into public policies and budgets. Numerous national constitutions now include explicit provisions on children. National and local election campaigns are often dominated by child-related issues. Decentralized plans for children have often helped bring development administration closer to communities. At the UN, the General Assembly has addressed children's issues, and the Security Council has formally acknowledged the centrality of the rights and well-being of children and women in the pursuit of international peace and security.

Unfulfilled commitments

But for all the millions of young lives that have been saved or enhanced, many of the survival and development goals set by the World Summit remain unfulfilled. Nearly 11 million children still die each year before their fifth birthday, often from

readily preventable causes. An estimated 150 million children are malnourished. Nearly 120 million are still out of school, 53 per cent of them girls. This unconscionable scale of human suffering dwarfs the achievements of the past decade – and makes more urgent the need for significant progress.

Unfortunately, the obstacles to achieving the promises of the Summit have become even more daunting than they were in 1990. The Summit was held at the end of the cold war, amid high expectations that resources hitherto allocated for military expenditure would be channelled into development. The peace dividend has not materialized, and the 1990s in fact were marked by an unprecedented explosion of ethnic conflict and civil war.

In addition, the HIV/AIDS pandemic has reached catastrophic proportions in several parts of the world, unravelling decades of hard-won gains in child survival and development, especially in sub-Saharan Africa. The disease is leaving millions of children orphaned even as it kills teachers, health workers and other professionals who maintain and operate the vital infrastructure of society.

And chronic poverty remains the greatest obstacle to fulfilling the rights of children. Half of humanity remains desperately impoverished, with 3 billion people subsisting on less than $2 a day, and 1.2 billion – half of them children – suffering absolute poverty, struggling to survive on less than $1 a day. At a time of unprecedented global prosperity, the persistence of such mass poverty is inexcusable. Humanity has more resources at its disposal than ever before – material, technological and intellectual. Yet the gulf between rich and poor continues to widen. Between 1960 and 1995, the disparity in per capita income between industrialized and developing countries more than tripled.

Nevertheless, even in the face of such formidable obstacles, there are grounds for cautious optimism. For several reasons, this is an opportune moment for reaching the remaining Summit goals – and for mobilizing a global alliance that achieves a breakthrough in human development based on actions for children.

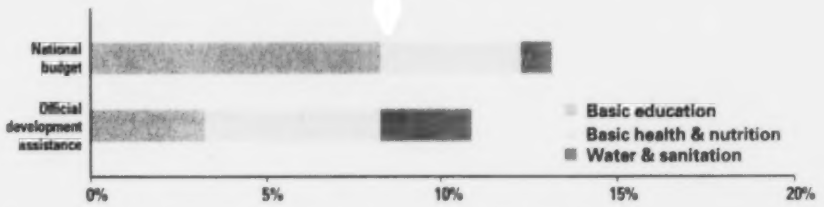
A future of promises kept

The experience of the 1990s in pursuing the World Summit goals and putting into practice the Convention on the Rights of the Child has generated many lessons. We now know so much more about what must be done to guarantee the rights and well-being of children. We know that a significant leap in human development is possible if we ensure that every child gets the best possible start in the early years; if we guarantee that every child receives a high-quality basic education; and if we give adolescents every opportunity to develop their capacities and participate meaningfully in society.

We also know that the world has fallen short of achieving most of the goals of the World Summit for Children, not because they were too ambitious or unaffordable, nor because they were technically beyond reach. We have fallen short largely because the needed investments for children were not made. With limited support, even the poorest countries can afford to underwrite basic social services. But with few exceptions, developing countries devoted only about 12 per cent to 14 per cent of their national budgets to basic social services throughout the 1990s, while donors allocated

only 10 per cent to 11 per cent of their aid budgets, which were already at a record low. These amounts fell far short of the minimum needed to meet the most pressing needs of children in primary health care, nutrition, basic education, safe water and adequate sanitation. The 20/20 Initiative, endorsed at the World Summit for Social Development in 1995, estimates that an average of 20 per cent of the national budget in developing countries and 20 per cent of donors' aid budgets, if spent efficiently on basic social services, would enable everyone to have access to them.

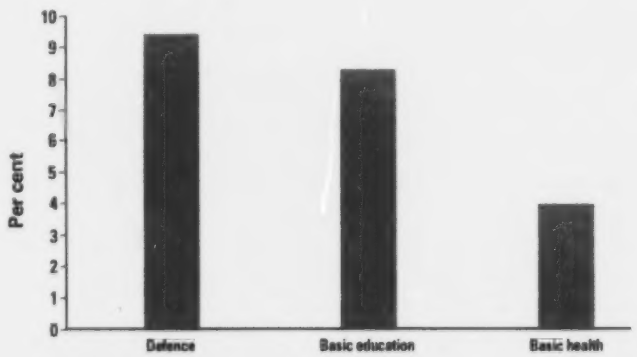
Under-investment in basic social services



Sources: OECD, *Development Co-operation 2000 Report*, and UNICEF/UNDP, 1998.

Compared to what the world spends on armaments or luxury consumer items, the resources needed to provide for the basic needs of children are modest. The cost of realizing universal access to health, education and water and sanitation was estimated by the United Nations and the World Bank to be, in 1995 prices, an additional $70 billion to $80 billion per year – easily affordable. But developing countries spent, on average, more on defence than on either basic education or basic health care. Industrialized countries spent about 10 times more on defence than on international development assistance.

Percentage of national budget spent on defence, basic education and basic health in developing countries



Source: UNICEF and UNDP, 1998.

Thus, the key constraint is generally not an insuperable shortfall of resources but a combination of misplaced priorities, absence of vision and insufficient commitment by leaders. This is why the General Assembly's Special Session on Children must inspire the vision, commitment and leadership needed to secure a better future for every child. We must join in a global movement to build a world fit for children.

This report shows that a future of promises kept and potential realized is within close reach. To secure this future, leaders at every level of government and civil society must exert the political will necessary to bring about a decisive shift in

national priorities – to make investment in the well-being of children the overarching and unassailable goal. The Special Session on Children must be the juncture at which this great step is taken.

Children in the 1990s – the global context

The last decade of the twentieth century was both the best and the worst of times for the world's children. A global economic boom, new political freedoms and rapid technological breakthroughs held out great promise for the future of the young. But ills deadly to their well-being persisted and even intensified: mass poverty, ruinous diseases, unpunished violence and increasingly obscene disparities in wealth and opportunity.

Thus, each positive development in the 1990s was accompanied by a new or worsening problem:

+ Unprecedented global prosperity and unparalleled access to information
— but persistent poverty and widening disparities both between rich and poor countries and within them.

+ Following the World Summit for Children, stronger international partnerships and successful action to cut major childhood diseases
— but unimaginable devastation by HIV/AIDS, especially in sub-Saharan Africa.

+ Some gains for women, including greater legal recognition of their rights in many countries
— but continuing gender inequity and gender discrimination.

+ Increasing recognition of children's rights and attention to violations of these rights
— but proliferating armed conflicts that disproportionately killed and injured children, the persistence of other forms of violence against children and continued widespread exploitation of their bodies and labour.

+ Some progress in reducing the burden of debt crippling poor countries, freeing some resources for investment in children
— but a severe decline in international development assistance and inattention to basic services in both aid and public spending.

+ New opportunities for popular participation created by the spread of democratic governance and increased decentralization, and a greater role in development for civil society, NGOs and the private sector
— but continued poor environmental management, placing ever greater numbers of children at risk of disease and natural disasters.

Global prosperity – but the poor left behind

The 1990s witnessed a spectacular expansion of the world economy as the technological innovations and dismantling of trade barriers known as 'globalization' gathered strength. But the massive benefits and opportunities generated by globalization

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accrued, for the most part, to wealthy countries – or to already well-off people in a small number of developing countries. The gulf between rich and poor countries widened. In 1990 the annual income per person in high-income countries was 56 times greater than in low-income countries; in 1999 it was 63 times greater.

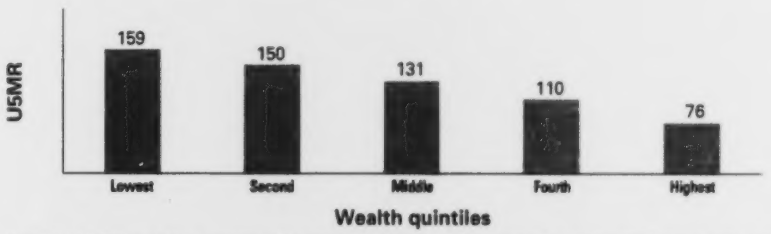
During the 1990s, average incomes rose in Latin America, the Caribbean, the Middle East and North Africa. East Asia's economy grew rapidly until the financial crisis of 1997-1998; some countries of the region have recovered quickly from the downturn. In several South Asian nations, growth was too modest – and political conditions too unsettled – for substantial reductions in poverty; in India, worsening inequality offset the opportunities offered by rapid economic growth. In the States of Central Asia and Eastern Europe that were once part of the Soviet bloc, the decade witnessed the wrenching transition from central planning to a market-oriented economy: unemployment and social dislocation increased, while social spending and safety-net provisions fell sharply. Sub-Saharan Africa was left virtually unaided by globalization: Very few countries experienced any rise in income per person; more often, already minimal incomes shrank.

What is more, despite increasing international concern about poverty, the number of people in developing countries struggling to survive on less than $1 a day – the international measure of absolute poverty – rose during the 1990s by an average of about 10 million each year. Today, despite a $30 trillion global economy, some 40 per cent of children in developing countries – about 600 million – must attempt to survive on less than $1 a day. Even in the world's richest countries, one in every six children lives below the national poverty line.

The failure to reduce poverty at a time of unprecedented economic growth has most severely affected the world's children. Children are hardest hit by poverty because it strikes at the very roots of their potential for development – their growing minds and bodies. There are stages in life when children are capable of growing by leaps and bounds – physically, intellectually and emotionally. They are also particularly vulnerable at these stages to risks that lead to stunted growth, failed learning, trauma or death. If a child's cycle of growth and development is interrupted by poverty, this often becomes a lifelong handicap.

Poverty can also deprive a child of life altogether, a bitter fact reflected in the large disparities in child mortality between social groups in most countries. On average, a child from the poorest 20 per cent of the population is at least twice as likely to die before the age of five as a child from the richest 20 per cent. Poor families compensate for this high child death rate through higher fertility rates, which means that for every child's death in a rich family there are at least three deaths in a poor one.

U5MR disparity by asset quintile



Source: UNICEF, weighted average of 43 countries, based on Demographic and Health Surveys data, mid-1990s.

These are shameful statistics for a world possessing such extraordinary wealth, knowledge and technological capacity. These statistics and the failures of the past decade prove that globalization is not a solution in itself – that creating larger and freer markets will create opportunities for many but will not solve the fundamental problems of most of the families still trapped in poverty. At least as much energy as has been devoted to opening up markets must be poured into strengthening the social institutions, programmes and standards that will protect and liberate the poor – most particularly, children in poverty.

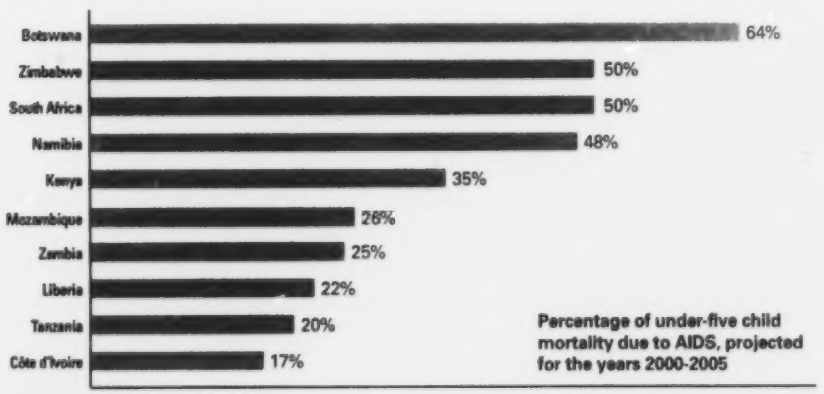
Progress on childhood disease – but devastation by HIV/AIDS

At the heart of the World Summit for Children's Plan of Action was the concern to improve child survival and control the major childhood diseases. And through international partnerships, mass immunization campaigns and community-focused initiatives, the control of childhood diseases has been one of the most remarkable developments of the past decade.

Yet, many of the unprecedented achievements in social and human development of the last half of the 20th century – gains painstakingly pursued step by step – are increasingly at risk because of the HIV/AIDS pandemic. In large parts of sub-Saharan Africa these gains have already been undone. Many societies and families in Asia, the Caribbean, Eastern Europe and elsewhere are also now under serious threat.

By the end of 2000, HIV/AIDS had claimed nearly 22 million lives. Life expectancy has fallen by between 18 and 23 years in the worst-affected countries. Infant and child mortality rates have soared. Health services have been overwhelmed. The deaths of many teachers have enfeebled schools that were often already struggling to provide a decent education – and students have been forced to drop out to care for AIDS-affected relatives.

AIDS and child mortality



Source: UN Population Division, 1999.

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The impact on children is seen most devastatingly in the soaring numbers of AIDS orphans. By the year 2000, an estimated 13 million children had lost their mother or both parents to AIDS; 95 per cent of these children are in sub-Saharan Africa. Facing social stigma and isolation and bereft of basic care and financial

resources, AIDS orphans are less likely to be immunized, more likely to be malnourished, less likely to go to school and more vulnerable to exploitation.

The social profile of the AIDS pandemic has been gradually changing. The disease is now increasingly affecting the young, girls and women, and people who are illiterate and poor. In most countries, adolescent girls are now overrepresented among the newly infected.

A few countries openly confronted the pandemic in the 1990s and took energetic steps to combat it. They have seen encouraging results. But elsewhere, public-awareness efforts, school-based education and prevention initiatives have been delayed for years. Children and young adults are among the main victims of this neglect. Decisive action must be taken now to prevent further increases in those parts of the world that still have relatively low rates of HIV/AIDS. At the UN Millennium Summit in

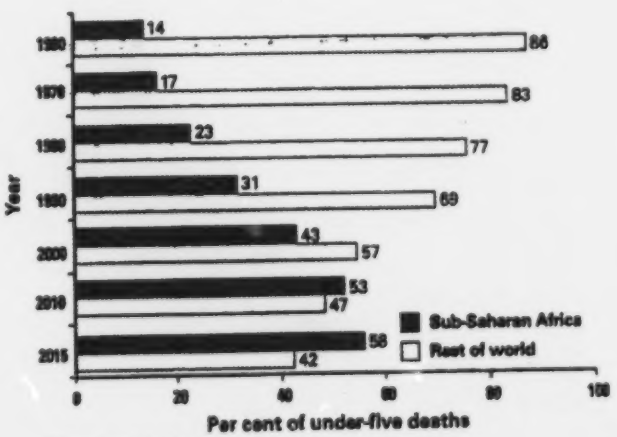
AFRICA'S CHILDREN, EVERYONE'S FUTURE

Ten years ago, it was the children of Africa, of sub-Saharan Africa in particular, whose needs were most acute, and yet it is here that the least progress has been made. Sub-Saharan Africa is still the region with the highest child death rates – 17 per cent of children do not survive to the age of five – and contains 9 of the 14 countries where child mortality has actually increased.

Over the last 30 years, sub-Saharan Africa has seen its share of the world's child deaths grow exponentially – from 14 per cent in 1980 to 43 per cent in 2000. If current trends persist, it will account for 58 per cent of the world's child deaths by 2015. Clearly, achieving the Millennium Declaration goal of sharply lowering global under-five mortality within the next 15 years hinges on progress in Africa.

Under-five deaths in sub-Saharan Africa as a percentage of global under-five deaths

(Projections based on trends in the 1990s)



Source: UNICEF, 2001.

Sub-Saharan Africa is the epicentre of the HIV/AIDS pandemic. It has just 10 per cent of the world's population but 70 per cent of the world's people with HIV/AIDS, 80 per cent of AIDS deaths and 90 per cent of AIDS orphans. In stark contrast to children everywhere else, today's southern African children are likely to live shorter lives than their grandparents.

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October 2000, seriously affected countries were urged to have a national plan of action against HIV/AIDS in place within a year. That deadline is fast approaching.

Some gains for women – but persistent discrimination

The need for development to address disparities and discrimination based on gender was a central theme of the international conferences of the 1990s. There was growing understanding of the complementarity between women's rights and children's rights. Women's rights to equality and freedom from discrimination have been increasingly recognized, and many governments have passed laws in line with international standards and set up mechanisms to promote gender equality. In addition, the Convention on the Elimination of All Forms of Discrimination against Women, adopted in 1979,

Immunization coverage in sub-Saharan Africa has decreased overall in the decade since the World Summit for Children. Less than half of the region's children under one are fully immunized against diphtheria, pertussis and tetanus. Despite progress in a few countries, the number of malnourished children has climbed, and over 3 million newborns each year are of low birthweight. While modest gains have been made in expanding access to improved water sources, families in sub-Saharan Africa still have the world's poorest access to safe drinking water. Only slightly more than half have access to sanitation, and the weakness of public health systems has led to the resurgence of major child-killers, such as malaria and cholera.

Maternal mortality is highest in sub-Saharan Africa, where women face a 1-in-13 lifetime risk of dying during pregnancy and childbirth. Persisting gender discrimination, poverty and lack of investment in essential obstetric services fuel this toll.

Net primary school enrolment in sub-Saharan Africa rose from 50 per cent in 1990 to 60 per cent in 1999; however, this is still lower than any other region. Sub-Saharan Africa accounts for over one third of the world's children out of school, who are vulnerable – increasingly, it seems – to every kind of exploitation and abuse. And, overall, no progress has been made in closing the gender gap in education.

There are some notable successes in Africa. Salt iodization and efforts to tackle polio and guinea worm disease have benefited from strong political leadership. The gradual spread of democracy, decentralization and information technology has encouraged broader participation in development and the emergence of an increasingly vibrant civil society. Reforms of health and education systems in countries like Ethiopia, Ghana, Mali and Zambia, and initiatives to expand access to primary education in Malawi and Uganda, promise to improve health care and learning. Determined efforts to overcome the legacy of apartheid in Namibia and South Africa and to reconstruct infrastructure and basic services in Mozambique have captured the world's attention. Following the lead of Senegal and Uganda, several countries have launched major efforts to control HIV/AIDS.

There is hope for Africa's children, and the world must respond to the call of the Millennium Declaration by making a 'first call' for them. This entails reversing the decline in official development assistance (ODA), focusing ODA on basic social services, opening industrialized country markets to Africa's goods and ensuring substantive debt relief. As the Millennium Report notes, nowhere is a global commitment to poverty reduction needed more than in Africa south of the Sahara, because no region of the world endures greater human suffering. Of course, there must be a clear lead from the continent itself – to take further the necessary reforms and make governments accountable, to tackle disparities, to wage war on malaria and HIV/AIDS, to secure gender equity, to make armed conflict a thing of the past and to invest resources and energy in fulfilling the rights of Africa's children, who are our future.

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has become the second most ratified international convention, albeit with a high number of reservations by governments. There are more women in the labour force than in 1990 – and also more girls in school, with the gender gap in schooling sharply reduced over the decade, particularly in the Middle East, North Africa and South Asia.

But, in general, less headway was made on gender equality than in most other areas of social development. Discrimination remains rife. Women in formal employment, for example, are still consistently paid lower wages than their male counterparts, receive little support for child care and have much less access to productive resources. Women have also borne a disproportionate share of the costs of the economic crises and shocks of the 1990s, particularly where social safety nets were weak or missing altogether.

The number of women who die in childbirth remains unacceptably high in the poorest parts of the world; the maternal death rate has not been significantly reduced over the decade, let alone slashed in half as the World Summit demanded. This failure reflects both a lack of investment and women's continuing low status in many societies, shown in the high rates of female malnutrition, illness and HIV/AIDS.

Gender-based violence is still a daily occurrence. Among its many abhorrent manifestations are sex-selective abortion and female infanticide, which emerge from the preference for sons in some cultures; female genital mutilation; so-called 'honour' killings; domestic violence and abuse; sexual slavery, prostitution and trafficking; and the use of rape as a weapon of war.

Almost all societies are still marked by significant discrimination against women, which often remains enshrined in national legislation or in customary practice – typically in conjunction with discrimination against children. Gender-based discrimination may also be compounded by other forms of discrimination, including ethnicity, religion, language, HIV status, citizenship status or physical ability.

New awareness of child rights – but exploitation and violence remain

The concept of child rights was new to most at the start of the 1990s. But the UN General Assembly's unanimous acceptance of the Convention on the Rights of the Child in 1989 has had an extraordinary impact. A new awareness of children's rights has blossomed all over the world. All but two countries have ratified the Convention. Many national constitutions have added specific provisions on children. Children's issues are now on the political agenda and much more likely to be featured in national election campaigns or in international meetings. Social investment and education programmes to meet children's rights to survival and development have moved up the policy ladder. The media are increasingly active in drawing public attention to the exploitation and abuse of children.

The idea of child rights, then, may be a beacon guiding the way to the future – but it is also illuminating how many adults neglect their responsibilities towards children and how children are too often the victims of the ugliest and most shameful human activities.

No child can realize his or her potential in the midst of war. Yet entire generations are still growing up surrounded by armed conflict and insecurity – fanned in many cases by those who profit from ethnic tension. Conflicts killed more than 2 million children in the 1990s and left many millions disabled and psychologically scarred. The consequences of conflict – displacement, insecurity and lack of access to children in need, as well as the destruction of social infrastructure and judicial systems – created huge and frequently insurmountable obstacles to the achievement of the goals set at the World Summit. At the end of the decade, 35 million people were either refugees or internally displaced, of whom about 80 per cent were children and women.

More than 10,000 children are killed or maimed by landmines every year, and children in at least 68 countries live with the daily fear of these weapons. Trade in arms and illicit drugs – worth, respectively, an estimated $800 billion and $400 billion annually – has flourished in the last decade, contributing to the proliferation of conflicts and violence. The development of light, inexpensive weapons has made it still easier to use children as soldiers and to exploit them in the trafficking of arms and drugs. Graça Machel's ground-breaking report, 'Impact of Armed Conflict on Children', which was submitted to the General Assembly in 1996, assesses the multiple ways in which children's rights are violated by armed conflict.

The idea of child rights may be a beacon guiding the way to the future – but it is also illuminating how children are too often the victims of the ugliest and most shameful human activities.

Yet conflict-ridden nations are in one sense the tip of the iceberg: In every part of the world children suffer abuse, neglect and exploitation to an extent that was not recognized until recently. Sexual abuse, for example, is a problem that has been kept hidden in all societies and is only now being brought to light, not least because the testimonies of children are at last being taken more seriously. Such abuse also takes place for commercial gain, and the trafficking of children for sexual exploitation has reached alarming levels. Commercial prostitution and child slavery are often concealed as household domestic work. An estimated 30 million children are now victimized by traffickers, so far largely with impunity.

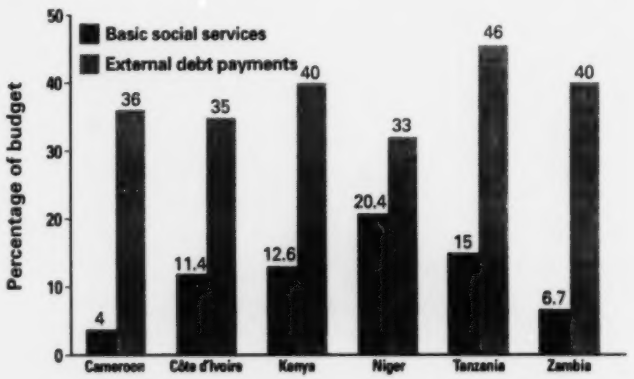
Accidents, violence and suicide are the leading causes of death among adolescents. These are frequently related to alcohol and drug abuse, which often stem from alienation, social exclusion and the breakdown of families, as well as the inadequacy of social protection mechanisms. These trends are part of wider violations that enslave and crush young lives – including the dealing in and selling of illegal and dangerous narcotics and the promotion of tobacco use.

Some 250 million children between the ages of 5 and 14 work, and the International Labour Organization (ILO) estimates that 50 million to 60 million of them are engaged in intolerable forms of labour. These children, who labour in homes, plantations and factories, are likely to be deprived of contact with their family, to go unregistered at birth, to forgo education and to live on the streets.

Debt relief accelerates – but aid diminishes

It has been clear for many years that the enormous debt burden borne by developing countries is a major obstacle to human development – especially to investment in children's well-being. Low-income countries often spend more – in some cases three to five times more – on external debt servicing than on basic social services. By the end of the 1990s, the 41 heavily indebted poor countries (HIPCs) owed about $205 billion in external debt, totalling about 130 per cent of their combined gross national product (GNP). In part because of this heavy debt-servicing, most of these countries under-invested in basic social services, making it impossible to reach many of the goals for children set for 2000. Village clinics were left without medicines, students without books or chairs, water pumps went unrepaired and teachers were paid too little to support their own families.

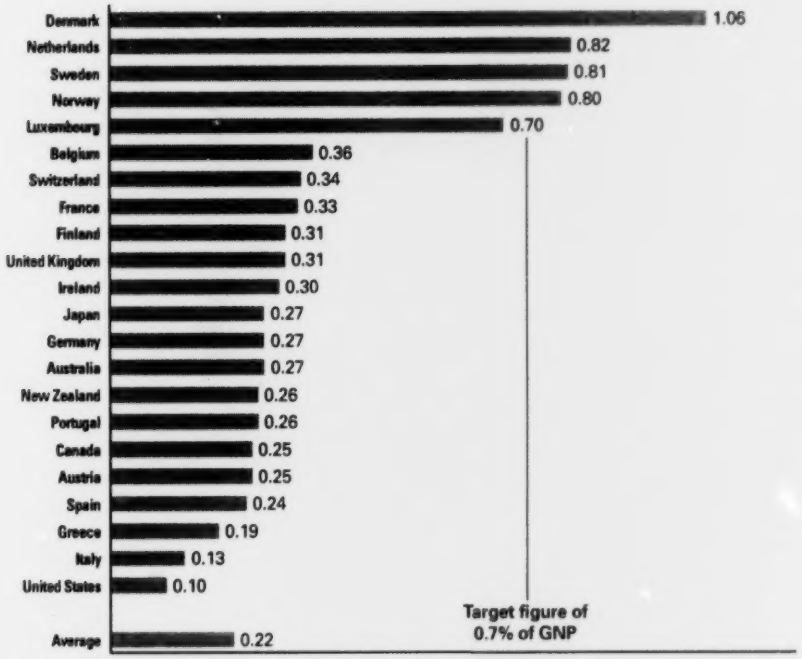
Debt and basic social services as percentage of budget



Source: UNICEF and UNDP, 1998.

Throughout the 1990s, pressure from indebted countries and worldwide campaigns by civil society organizations helped ameliorate the attitude of industrialized countries and international financial institutions towards debt relief. The HIPC initiative was launched in 1996 as the first comprehensive approach to reducing the external debt of the world's poorest nations. By December 2000, 22 countries had become eligible for debt relief, with a commitment on the part of their creditors of $33.6 billion. It is expected that – when combined with traditional debt rescheduling and further bilateral debt 'forgiveness' – their external debt-service payments will be reduced by one third in the next few years. Uganda, which has increased spending on its primary schools, has shown how debt relief can bring immediate benefits for children, underscoring the need to broaden and accelerate the debt relief process.

If the possibility of debt relief for some of the world's poorest countries is the good news, the bad news is that international aid dwindled in the 1990s, sinking to a record low in 1997 of 0.22 per cent of the total GNP of developed countries – less than a third of the 0.7 per cent target agreed by the UN General Assembly some 30 years ago. After a minor increase in 1998 and 1999, international aid fell back in 2000 to the 1997 low. Only four donor countries consistently achieved throughout the 1990s the target of providing 0.7 per cent of GNP for international aid: Denmark, the Netherlands, Norway and Sweden. Most G-7 members markedly lowered the volume of their aid effort over the decade.



Official development assistance as a percentage of donor nation GNP, 2000

Source: OECD press release, 20 April 2001.

Moreover, the share of aid allocated to education and health programmes – important for reaching many of the goals and targets for children – barely improved over the decade. The proportion spent on basic social services remained extremely low. Given the international consensus on the benefits of 'investing in children', this was a baffling failure.

Nor, despite the heightened international concern about 'poverty reduction', was there notable targeting of aid to the countries that most needed assistance. On the contrary, between 1992 and 1997 the decline in aid was sharpest for the poorest countries, which have the highest rates of child mortality and the weakest basic services. Without a revival in official aid flows, targeted to countries that need aid most, even the recent headway in reducing debt will come to naught.

Democratic governance spreads – but care of environment wanes

The responsibility of investing in children resides, of course, as much with the governments of developing countries as with those of industrialized countries. Their burden of debt does not exempt developing-country governments from the need to give highest priority to the investments in basic services that benefit children – and to ensure that the impact of even these low allocations is not further weakened by inefficiency and waste.

In a number of countries the quality and responsiveness of government improved over the decade as progress was made towards political democratization. The new Government of South Africa was able to begin healing some of apartheid's scars. Eritrea and Namibia achieved independence and so, prospectively, has East

Timor. Many other countries implemented political reforms and held multiparty elections. The number of formal electoral democracies increased from 76 in 1990 to 120 in 2000; about two thirds of the world's people now live in electoral democracies.

Aiming to bring government closer to the people, many countries also initiated programmes of decentralization and made efforts to empower their local authorities. This has created opportunities and begun to pay dividends in at least some places, often where bold local leaders have emerged. In such places, greater community participation, more transparent decision-making and clearer procedures for accountability are enabling local governments and municipalities to serve people more effectively. In many countries, local authorities have developed plans and adopted targets specifically reflecting their responsibilities to children. The challenge now is to back these new commitments with adequate financial and human resources.

PRIVATE SECTOR ACTION FOR CHILDREN'S RIGHTS

Private and civil society involvement during the 1990s in the struggle for children's rights and development is exemplified at the national level in the contributions of the Bangladesh Rural Advancement Committee (BRAC) and the Grameen Bank to securing basic education, women's progress and family livelihoods in Bangladesh. It is evident regionally in the work of the Aga Khan Foundation in pre-school education and capacity-building in some of the poorest parts of the world. And it is evident globally in the role that Rotary International has played in the world campaign against polio, the Kiwanis service clubs against iodine deficiency disorders, and the Lions Club International and Merck & Co. in the fight against river blindness; in the involvement of the Bill & Melinda Gates Foundation, the International Federation of Pharmaceutical Manufacturers Associations and the Rockefeller Foundation in the Global Alliance for Vaccines and Immunization (GAVI); and in Ted Turner's support for the United Nations in its fight against poverty and for human rights.

This year's Special Session on Children has advanced this mobilization. UNICEF, in alliance with BRAC, Netaid.org Foundation, PLAN International, Save the Children and World Vision, has launched a Global Movement for Children, joined rapidly by thousands of other organizations around the world. A rallying call of the Movement is the 'Say Yes for Children' campaign, which calls for accountability and action by leaders at every level of society – public and private, adults and young people alike – to change the world *for* children and *with* children. It seeks to attract new groups to the cause of children's rights, including trade unions and political and women's organizations. Business leaders and private sector groups will also be engaged so as to promote practices that are consistently child- and family-friendly.

This report reflects, in all its chapters, the key role that NGOs and other civil society actors have played in advocacy, awareness-raising and programme implementation; in monitoring and supporting the implementation of the Convention on the Rights of the Child; in participating in national, regional and global end-decade reviews; and in preparing for the General Assembly's Special Session on Children. At both national and international levels, civil society actors have proved their effectiveness as advocates for children, both tracking children's progress and monitoring violations of their rights. Some have encouraged and nurtured new networks of community groups that work locally for children. International NGOs have complemented the development efforts of governments and civil society and have supported the growing involvement of national and

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local organizations in debating economic policy and in acting for reducing poverty. Several corporations have also responded to the call of the World Summit for Children, including those participating in the UN Secretary-General's 'Global Compact'. However, if the community of nations is to make good on its decade-old promise to give every child a better future, governments, multinational organizations and civil society, including the private sector, must join in this common cause as never before.

But if the decade showed the increasing willingness of governments, international organizations, civil society and the business community to work together towards common aims, it also showed that such shared commitment is not yet being applied with sufficient seriousness and urgency to the stewardship of our global environment. The United Nations Conference on Environment and Development (UNCED), held in 1992, renewed awareness of environmental trends and dangers, especially through the concept of a 'global commons', underscoring the special threats to children, adolescents and pregnant women from environmental contamination and pollution.

Yet environmental degradation has continued over the decade with few governments showing real commitment to addressing its root causes and managing its effects. The degradation has been stoked by the rapid growth of cities coupled with poor management of urbanization, unregulated industrialization, wasteful patterns of consumption, the neglect of urban poverty and the effects of population displacement. The health and lives of many millions of children are under daily threat as a result of broken, neglected or non-existent systems for safe water provision and sewage disposal, poor-quality air in overcrowded slums, the dumping of industrial and chemical wastes, industrial and traffic hazards, and precarious dwellings in areas prone to earthquakes and flooding. Meanwhile, the threat of global warming has become the definitive test of the world's commitment to preserving the planet for its children.

"There is no cause which merits a higher priority than the protection and development of children, on whom the survival, stability and advancement of all nations – and, indeed, of human civilization – depends."

Plan of Action of the World Summit for Children, 30 September 1990

As was recognized at the Millennium Summit, children have the greatest stake in the success of today's leaders in meeting the grave challenges of environmental protection. On this success rests, to a considerable degree, the survival and health of the world's children.

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PART II:

PROGRESS IN IMPLEMENTING THE WORLD SUMMIT DECLARATION AND PLAN OF ACTION

Health, nutrition, water and sanitation

The 1990 World Summit for Children saw "the enhancement of children's health and nutrition" as a "first duty." Consequently, of the seven major goals adopted by the World Summit for Children, four were in the closely related areas of health, nutrition, water and sanitation – as were 20 of the supporting goals.

This broad approach reflected the recognition, since the International Conference on Primary Health Care in 1978 at Alma Ata, Kazakhstan, that many of the factors which determine how healthy we are lie outside the health sector. This understanding helped shift the focus from curative to preventive interventions and from hospital treatment to community care and public health. Efforts during the 1980s in water and sanitation, nutrition and food security, education, early childhood development and for children in especially difficult circumstances were underpinned by this new approach.

Extraordinary progress has been made in polio eradication. More than 175 countries are now polio-free.

The decade following the World Summit brought fresh insights. Notably, the two-way relationship between health and poverty was better understood: Just as low income is a contributing factor to poor health and malnutrition, so poor health and malnutrition are key reasons for the persistence of poverty. However, many developing countries, and those in transition from centrally planned to market economies, found great difficulty in acting upon these insights. For the most part, they did not manage to focus their programmes and resources on the most disadvantaged children and families, nor did they alter their policies to take account of the experience of previous decades.

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UNICEF/93-1882/Zaman

Both gains and unfinished business from the 1990s are summarized in the balance sheets within the sections that follow.

Child health

CHILD HEALTH BALANCE SHEET

GOAL	GAINS	UNFINISHED BUSINESS
Infant and under-five mortality: *reduction by one third in infant mortality and U5MR*	• More than 60 countries achieved the U5MR goal. • At the global level U5MR declined by 11 per cent.	• U5MR rates increased in 14 countries (9 of them in sub-Saharan Africa) and were unchanged in 11 others. • Serious disparities remain in U5MR within countries: by income level, urban vs. rural, and among minority groups.
Polio: *global eradication by 2000*	• More than 175 countries are polio-free.	• Polio is still endemic in 20 countries.
Routine immunization: *maintenance of a high level of immunization coverage*	• Sustained routine immunization coverage is at 75 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3).	• Less than 50 per cent of children under one year of age in sub-Saharan Africa receive DPT3.
Measles: *reduction by 95 per cent in measles deaths and 90 per cent in measles cases by 1995 as a major step to global eradication in the longer run*	• Worldwide reported measles incidence declined by almost 40 per cent between 1990 and 1999.	• In 14 countries, measles vaccination coverage is less than 50 per cent.
Neonatal tetanus: *elimination by 1995*	• 104 of 161 developing countries achieved the goal. • Deaths caused by neonatal tetanus declined by 50 per cent between 1990 and 2000.	• 27 countries (18 in Africa) account for 90 per cent of all remaining neonatal tetanus.
Deaths due to diarrhoea: *reduction by 50 per cent*	• This goal was achieved globally, according to WHO estimates.	• Diarrhoea remains one of the major causes of death among children.
Acute respiratory infections (ARI): *reduction of ARI deaths by one third in children under five*	• ARI case management has improved at the health centre level. • The effectiveness of HIB and pneumococcus vaccines is established.	• ARI remains one of the greatest causes of death among children. • Vertical, single-focus ARI programmes seem to have had little impact.

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Infant and under-five mortality

The first goal of the World Summit for Children was, between 1990 and 2000, *to reduce the infant and under-five mortality rate by one third or to [between] 50 and 70 per 1,000 live births respectively, whichever is less.* In the world as a whole, the under-five mortality rate (U5MR) declined by only 11 per cent over that period. However, more than 60 countries achieved the targeted one-third reduction. These include most of the countries in the European Union and North Africa, as well as many in East Asia, Oceania, the Americas and the Middle East.

It is true that global rates of infant and child mortality have been declining steadily for the past half-century and many of the countries that achieved the goal enjoyed economic prosperity for much of the 1990s. Strikingly, however, some rich countries did not achieve the goal while some very poor countries did. The countries that succeeded did so because of specific child-friendly policies and programmes. In some cases, unfortunately, this hard-won success was later overwhelmed by war, economic crisis, natural disasters and, especially, the devastating impact of HIV/AIDS in sub-Saharan Africa.

The global averages of childhood mortality rates are still far too high. More than two thirds of the infant deaths that occur each year are of newborns. Newborns die from the same causes that kill their mothers, such as poor maternal health and lack of adequate care during pregnancy, labour and delivery. But there are other risks for the newborn, including lack of essential care, infections, birth injury, asphyxia and problems related to premature births. Large-scale health interventions, such as immunization and the use of oral rehydration therapy (ORT) to combat diarrhoea, tend to save children aged one to four years rather than those in the first year of life.

National child-mortality figures often mask great disparities. Death rates are higher among poorer children than among the better-off. The children of those excluded or disadvantaged due to their ethnicity or to other factors are also markedly more vulnerable. It also appears that the gulf between child death rates in urban and rural areas worsened during the decade.

Polio

Extraordinary progress has been made in polio eradication. More than 175 countries are now polio-free. In 2000, fewer than 3,000 cases of polio were reported, a huge decline from an estimated 350,000 cases in 1988. At the end of 2000, polio was endemic in only 20 countries, down from 125 countries in 1988.

This achievement is the result of a remarkable global partnership led by the World Health Organization (WHO), UNICEF, the US Centers for Disease Control and Prevention (CDC) and Rotary International, involving governments, the pharmaceutical industry and mobilization at all levels of society. The commitment of national leaders to polio eradication and the provision of personnel and financial resources to carry out National Immunization Days (NIDs), conduct mop-up immunization activities and assure surveillance for all possible cases of polio have been critical to this vast progress.

In countries suffering from civil wars, agreements for ceasefires and 'days of tranquillity' have been achieved to allow NIDs. In some of the larger countries that

are a reservoir for polio, NIDs have been an occasion for massive mobilization both nationally and across borders. These are magnificent examples of the effectiveness of international cooperation.

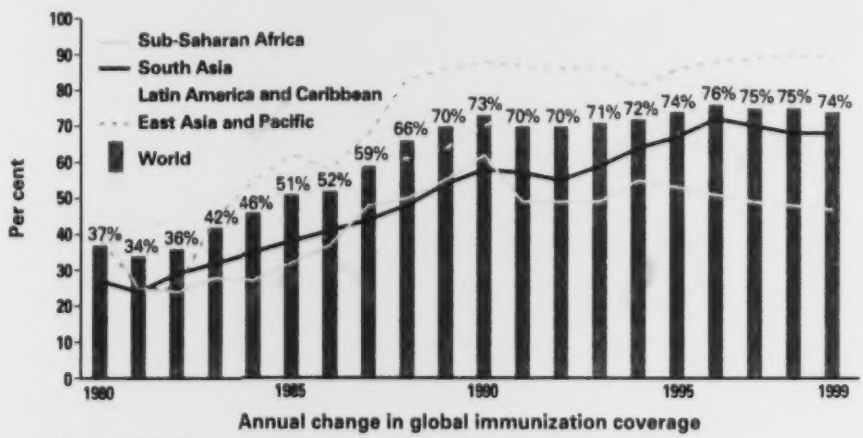
Transmission of the polio virus is likely to continue in 20 countries after 2000, albeit at low levels. In May 2000, WHO, UNICEF, Rotary International, CDC and other partners concluded that, by intensifying efforts, all polio transmission could be interrupted by 2002, with eradication certified by 2005. But this requires continued resolve and perseverance on the part of the international community until the very end, when polio will enter the annals of history as the second disease eradicated from the earth, following smallpox. Polio's eradication will save the world $1.5 billion a year, which can be directed to immunization activities against other diseases.

IMMUNIZATION

From a global immunization rate in 1980 of under 40 per cent of children fully immunized, coverage rates are today approximately 75 per cent. The goal, therefore, to achieve and sustain a global rate of 90 per cent has not been reached.

Around 30 million of the world's children are still not routinely vaccinated and there are large disparities in rates among and within countries. The lowest coverage is in sub-Saharan Africa, with only 47 per cent of children receiving DPT3 – lower than a decade ago. A major reason for the decline in this region is that donors have provided fewer resources – especially for training, surveillance and logistics – while national budgets have not increased enough to cover these shortfalls.

Immunization 1980-1999, DPT3 coverage



Source: UNICEF/WHO.

Millions of children continue to die as a result of not being vaccinated against major childhood killers – diphtheria, tuberculosis, pertussis, measles and tetanus. Inadequate funding has meant that many countries have been unable to introduce vital new vaccines. In addition, vaccines for hepatitis B, *Haemophilus influenzae* type B (a leading cause of pneumonia and meningitis) and yellow fever are not yet widely available in many of the countries that need them most.

Some 25 countries significantly increased their own financing of immunization services between 1995 and 2000. The Vaccine Independence Initiative, established

by UNICEF and WHO, contributed to this increase by creating a revolving fund to help developing countries buy – in their own currencies – high-quality, low-cost vaccines in the large quantities needed to reach and sustain universal child immunization.

In 1999, the partners of the Global Alliance for Vaccines and Immunization (GAVI) – the Bill and Melinda Gates Children's Vaccine Program at PATH, UNICEF, the World Bank, WHO, national governments, the Rockefeller Foundation, and representatives from the pharmaceutical industry – committed themselves to assist in sustaining immunization and to support countries in introducing new and underutilized vaccines.

About a billion injections are given to women and children each year through national immunization programmes. Surveys by UNICEF and WHO have revealed a disturbing pattern of unsafe injection practices that can put the lives of children, women and health workers at risk. WHO, UNICEF, the United Nations Population Fund (UNFPA) and the Federation of Red Cross and Red Crescent Societies have now adopted a global policy on injection safety, designed to address the risks, which calls for the use of auto-disable syringes for all immunizations by the end of 2003. The auto-disable syringe has a safety device that prevents its reuse.

Of all the vaccine-preventable diseases, measles still kills the most children.

Measles

The annual reported incidence of measles declined by almost 40 per cent between 1990 and 1999 because of the widening public health use of the measles vaccine. But even this reduction is far from sufficient. Of all the vaccine-preventable diseases, measles still kills the most children. Because measles is so contagious, vaccination coverage levels need to be above 90 per cent to stop transmission of the virus. But in 1999, measles coverage was reported to be below 50 per cent in more than 14 countries. Even when the disease does not kill, it can cause blindness, malnutrition, deafness and pneumonia. A high dose of vitamin A protects a child from some of the most serious consequences.

Neonatal tetanus

Significant progress was made in combating neonatal tetanus over the decade. In 1990, neonatal tetanus caused 470,000 deaths, but by 2000, immunization efforts had lowered this to 215,000, more than a 50 per cent reduction.

By 2000, of 161 developing countries reporting, 104 had achieved the World Summit goal of eliminating neonatal tetanus. Another 22 countries are close to achieving elimination. However, neonatal tetanus remains a public-health problem in 57 countries and is a major cause of neonatal mortality. Neonatal tetanus occurs most commonly in those countries with the lowest income levels and the weakest development infrastructure.

To complement routine immunization services in high-risk areas, all women of childbearing age are being provided with three properly spaced rounds of tetanus toxoid vaccine. This effort, along with the promotion of clean birth-delivery practices and the strengthening of surveillance for neonatal tetanus, will bring total elimination closer.

Diarrhoea

One million fewer children now die from diarrhoeal dehydration each year than in the early 1990s. Although the World Summit goal of a 50 per cent reduction in diarrhoeal mortality has been achieved, diarrhoea nevertheless remains one of the major causes of death among children.

Much of the success in reducing diarrhoeal mortality in all regions can be attributed to the greater reliance on oral rehydration therapy (ORT), involving either prepared packs of the rehydration solution and/or recommended home fluids, and use of increased fluids and continued feeding for home management of child diarrhoea. If ORT is to work, it depends a great deal on family behaviour: The services available need to be used and the prescribed course of treatment followed correctly. But the best ORT programmes have also been soundly managed and carefully monitored. ORT use rates have increased in every region, including sub-Saharan Africa; three quarters of the countries for which there is data improved ORT use over the decade.

The credit for the reduction in diarrhoeal deaths during the 1990s is partly shared by other interventions, including the promotion of breastfeeding, measles immunization, micronutrient supplementation and increased access in some regions to clean water and improved sanitation. Further advances on these fronts should drastically reduce diarrhoea-related deaths among children in the years to come, as should raising the rate of effective ORT use, home management of diarrhoea and dysentery, and the development and introduction of a rotavirus vaccine.

The understanding that diarrhoea cannot be treated in isolation has led to the development of a more integrated approach to the management of childhood diseases and malnutrition. The Integrated Management of Childhood Illness (IMCI) initiative was developed in 1995 by WHO and UNICEF since, despite the gains made, many children continued to die without receiving medical care. The initiative focuses on training health workers in the case management of a range of childhood diseases; improving health systems, including the availability of drugs, supplies and equipment; and promoting a set of key family and community practices that, based on scientific evidence, contribute to child survival and healthy growth.

Acute respiratory infections

Acute respiratory infections (ARI) remain the most common cause of child deaths in many countries, and the World Summit goal of reducing such deaths by a third has not been attained.

Included under ARI are infections in any area of the respiratory tract, including the nose, middle ear, throat, voice box, air passage and lungs. Pneumonia is the most serious manifestation of ARI. Bacterial infection is the primary cause of pneumonia in countries with high infant and child mortality. These infections are treatable: It is estimated that 60 per cent of ARI deaths could be prevented by the selective use of affordable antibiotics. Because the widespread abuse of antibiotics spawns resistant bacteria, health authorities are reluctant to permit families to use antibiotics without prescriptions. Many ARI deaths continue to occur at home. In

the majority of the 73 countries for which there is relevant data, more than half of the children with ARI were not taken to an appropriate health facility. Studies by WHO have shown that the case-management approach to detecting and treating pneumonia could significantly reduce child deaths: In this model, all sick children are examined for danger signs and appropriate treatment is diagnosed. The best community-based health programmes teach caregivers to recognize ARI, especially pneumonia, and to seek timely treatment outside the home – if available.

Malaria

Leaders at the World Summit for Children highlighted the difficulties in combating malaria but did not adopt a specific goal to address it. This disease has re-emerged as a major cause of child mortality. It contributes to severe anaemia in children and is a leading cause of low birthweight.

The global Roll Back Malaria campaign was launched in 1998 by WHO, UNICEF, the United Nations Development Programme (UNDP) and the World Bank. Since then, most countries in Africa and many in Asia have developed strategic plans for malaria control. Their priorities include galvanizing global and national partnerships, strengthening national health systems and mobilizing resources. The Roll Back Malaria campaign aims to support and promote the nationwide use of insecticide-treated mosquito nets by pregnant women and children; to promote anti-malaria prophylaxis treatment during pregnancy; and to improve the diagnosis and treatment of malaria among children through ensuring that their families have access to early, effective and affordable treatment within their homes and communities.

The relatively simple intervention of providing insecticide-treated bednets could greatly reduce malaria mortality and morbidity. Bednets are little used in most malaria-endemic countries; even where children already sleep under a net, the percentage of treated nets is negligible. Some countries, however, have improved access to treated bednets by removing taxes on them and thus reducing their cost.

Most children under five die from just one or more of five common conditions – diarrhoeal dehydration, measles, respiratory infections, malaria or malnutrition – for which treatment is relatively inexpensive.

Community-based efforts for the timely treatment of children and others with malaria can also reduce deaths and illness. For families and children to have access to early, effective and affordable treatment, anti-malarial drugs need to be made available in health centres and community pharmacies close to home.

Lessons learned in child health

Most children under five die from just one or more of five common conditions – diarrhoeal dehydration, measles, respiratory infections, malaria or malnutrition – for which treatment is relatively inexpensive. Therefore, the continuing effort to prevent such deaths must be unstinting. But there is another great challenge: to ensure that any family taking a child to a clinic or health centre anywhere in the world will find

a health provider who can examine and diagnose, make a decision on appropriate treatment, give basic drugs for the most common problems, refer the child to a hospital if needed and offer the right advice about how best to prevent and manage illness in the home.

Immunization continues to be one of the most practical and cost-effective public-health interventions. Immunization coverage has levelled off during the 1990s primarily because:

- Some countries have failed to secure domestic and international resources for immunization;
- The financing of immunization services has not been sufficiently protected in some countries undertaking reforms of their health sector;
- Some public-health systems have been unable to reach very poor families, minorities and those living in remote locations, or have been dislocated by conflict; and
- The potential of National Immunization Days (NIDs) as a supplement to immunization programmes has not been fully exploited.

Immunization systems in many developing countries are still fragile and of uneven quality. There are growing concerns about the safe administration of injectable vaccines. These challenges will need to be addressed if today's great opportunities for the large-scale introduction of new and improved vaccines are not to be missed.

If disease is to be controlled over the long term, a strong system for delivering routine immunization and a wider package of health services are essential. But routine immunization also needs to be complemented by targeted immunization activities. And while most countries should be able to finance their own immunization programmes, some of the poorest nations will need financial support for the foreseeable future.

Communication is vital: Conveying to parents the key information about how to manage diarrhoea at home – or how to recognize pneumonia or malaria and seek timely care from someone with medical training – will save many children's lives.

To reduce child mortality, family and community practices in child health and nutrition need to be improved, health workers better trained and the health system strengthened. Effective health services can ensure that all children have access to basic health care and medicines, nutritional supplements, bednets and other life-saving supplies. They also make it possible for sick children who need more care to be referred for treatment. Community-based health programmes can reach children and families who are often beyond the reach of formal health services.

Last but not least, communication is vital: Conveying to parents the key information about how to manage diarrhoea at home – or how to recognize pneumonia or malaria and seek timely care from someone with medical training – will save many children's lives.

Nutrition

Good nutrition is essential for the survival, health and development of children. Well-nourished children perform better in school, grow into healthier adults and have longer life expectancy. Well-nourished women face fewer risks during pregnancy and childbearing, and their children set off on firmer developmental paths, physically and mentally.

Malnutrition, a silent emergency, was recognized by the World Summit as a contributing factor in half of all deaths among young children. The reduction of child malnutrition by half in a decade was one of the most ambitious goals ever set for children.

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A key strategy in pursuing this goal was that of enabling families and communities to understand the causes of malnutrition and to take informed action to address them. This community-based strategy was built on experiences from Tanzania, Thailand and other countries that had made rapid progress in reducing malnutrition levels. It saw the three pillars of improving nutrition to be sufficient food intake, freedom from illness and adequate family care. This strategy influenced policies and the understanding of malnutrition in many countries during the 1990s – as did the Integrated Management of Childhood Illness initiative, which has been implemented by a large number of governments and NGOs.

Some of the most successful initiatives of the decade were on promoting breastfeeding and addressing deficiencies in the key micronutrients. Three key micronutrients were identified at the World Summit: vitamin A, iodine and iron. Experience has shown that micronutrient deficiency, also known as 'hidden hunger', can be prevented through supplementation and through the fortification of food – provided the technical obstacles can be surmounted and ways found of distributing the supplements. In the 1990s, vitamin A and iodine programmes were such notable successes that they focused attention on other micronutrients, such as zinc.

At the World Food Summit, convened in 1996, leaders from 186 countries committed themselves to halving the number of hungry people by the year 2015. The Rome Declaration on World Food Security, which reaffirms the "right of every individual to adequate food," has provided a further opportunity to mobilize resources and action.

Child malnutrition

In 1990, 177 million under-fives in developing countries were malnourished, as measured by low weight-for-age. Estimates suggest that 150 million children were malnourished in 2000. The prevalence of malnutrition among under-fives in developing countries as a whole decreased from 32 per cent to 28 per cent. The goal to *reduce malnutrition in under-five children by half* has therefore been only partially achieved.

NUTRITION BALANCE SHEET

GOAL	GAINS	UNFINISHED BUSINESS
Malnutrition: *reduction by half of severe and moderate malnutrition among under-five children*	• Malnutrition declined by 17 per cent in developing countries. South America achieved the goal with a 60 per cent reduction in underweight prevalence.	• 150 million children are still malnourished, more than two thirds of them in Asia. The absolute number of malnourished children has increased in Africa.
Low birthweight: *reduction of the rate of low birthweight (less than 2.5 kg) to less than 10 per cent*	• To date, 100 developing countries have low-birthweight levels under 10 per cent.	• Over 9 million newborns in South Asia and over 3 million newborns in sub-Saharan Africa each year are of low birthweight.
Vitamin A deficiency: *virtual elimination by the year 2000*	• More than 40 countries are reaching the large majority of their children (over 70 per cent) with at least one high-dose vitamin A supplement a year. UNICEF estimates that as many as 1 million child deaths may have been prevented in this way in the last three years alone.	• In the least developed countries, 20 per cent of children are not receiving even one high-dose vitamin A supplement – and the majority of those who get one dose do not receive the required second dose. Now that many countries are discontinuing National Immunization Days, a new distribution system for vitamin A needs to be found.

The most remarkable progress has been in South America, which registered a decrease in child malnutrition rates from 8 per cent to 3 per cent. Progress was more modest in Asia, where rates decreased from 36 per cent to 29 per cent and the number of underweight children under five years of age fell by some 33 million. Even this relatively limited achievement probably had a significant positive impact on child survival and development. Still, more than two thirds of the world's malnourished children – some 108 million – are in Asia. Among the major underlying causes of malnutrition in Asia – especially in South Asia, where the prevalence is highest – are the poverty, low educational level and disadvantaged status of women, including the poor care of mothers during pregnancy. Unfavourable child-care practices, discrimination against girls and high population density are other important factors.

In sub-Saharan Africa, despite progress in a few countries, the absolute number of malnourished children has increased. The major constraints have included extreme poverty, chronic food insecurity, low levels of education, inadequate caring practices and poor access to health services. Weaknesses in public sector administration and, at times, a lack of commitment to supporting local initiatives have hampered the implementation of nutrition policies aiming to empower families and communities. Conflicts, natural disasters and the HIV/AIDS pandemic have greatly worsened the situation.

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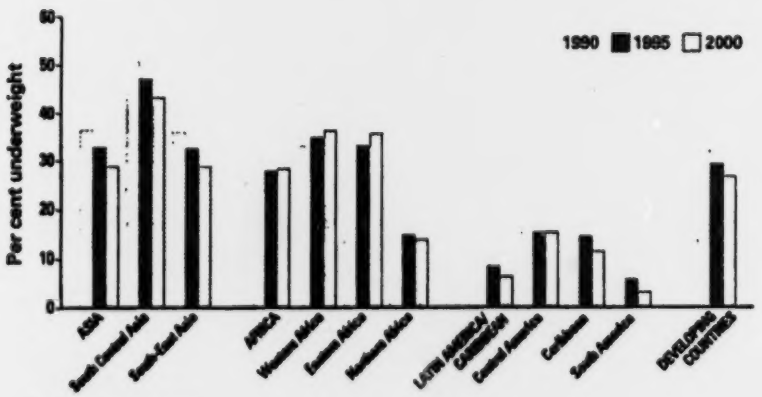
GOAL	GAINS	UNFINISHED BUSINESS
Iodine deficiency disorders: *virtual elimination*	• Some 72 per cent of households in the developing world are using iodized salt, compared to less than 20 per cent at the decade's beginning. As a result, 90 million newborns are protected yearly from significant loss in learning ability.	• There are still 35 countries where less than half the households consume iodized salt.
Breastfeeding: *empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year of life*	• Exclusive breastfeeding rates increased over the decade. • Gains were also made in timely complementary feeding and continued breastfeeding into the second year of life.	• Only about half of all infants are exclusively breastfed for the first four months of life.
Growth monitoring: *growth promotion and regular growth monitoring of children to be institutionalized in all countries by the end of the 1990s*	• A majority of developing countries have implemented growth monitoring and promotion activities.	• Growth-monitoring information is often not used as a basis for community, family or government action.
Household food security: *dissemination of knowledge and supporting services to increase food production*	• The number of people in developing countries lacking sufficient calories in their diets has decreased marginally.	• In sub-Saharan Africa, about one third of the people lack sufficient food.



Source: ACC/SCN, 2000.

Trends in child malnutrition, developing countries, 1990-2000

Reducing malnutrition among infants and young children will require significant improvements in mothers' levels of education, and in their health and nutrition, especially during pregnancy. Where child malnutrition is a major problem, rates of low birthweight are often also excessively high. This demands a renewed focus of policies on both the mother and the child.

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One of the supporting goals adopted at the World Summit for Children was that all countries should institutionalize child growth monitoring and promotion (GMP). A majority of developing countries have adopted GMP activities. A major difficulty at all levels, however, has been linking the information generated from the regular weighing of children to decision-making about child malnutrition. In some countries, GMP activities have also suffered because of infrequent contacts between community health workers and families.

Low birthweight

Weight at birth reflects the intrauterine experience. It is a good indicator not only of the mother's health and nutrition status, but also of the newborn's chances of survival, growth, long-term health and psychosocial development. Low birthweight – less than 2.5 kg – can be caused either by premature birth or by intrauterine growth retardation. In developing countries, the latter predominates, stemming from many factors, including maternal malnutrition, malaria, sexually transmitted infections and teenage pregnancies.

Newborns of low birthweight are more likely to die. Those who survive have impaired immune functions, increased risk of disease and tend to remain malnourished with less muscle strength in the long term. They may also suffer cognitive disabilities, with lower intelligence rates, attention-deficit disorders and hyperactivity. In school, children who suffered from low birthweight may not perform as well as other children. As they become older, they suffer chronic diseases at higher rates.

Reducing the rate of low birthweight to less than 10 per cent was among the most challenging goals adopted at the World Summit. In 1990 it was estimated that the proportion of all newborns of low birthweight was 17 per cent. Many infants in developing countries are still not weighed at birth, but the best available estimates suggest that 100 developing countries now have rates of less than 10 per cent. At the regional level, Latin American and the Caribbean (9 per cent), East Asia and the Pacific (8 per cent) and the CEE/CIS and Baltic States region (9 per cent) have lowered their rates to less than 10 per cent, only slightly above the 6 per cent found in industrialized countries. The situation in two other regions is dramatically different. Sub-Saharan Africa has a rate of 12 per cent; more than 3 million newborns each year weigh less than 2.5 kg. In South Asia, 25 per cent of newborns are of low weight, more than 9 million babies.

Between 1998 and 2000 alone, vitamin A supplementation may have prevented 1 million child deaths. Fortunately, coverage is highest in the areas that need it most.

The problem calls for an integrated approach to improving antenatal care. Apart from general pregnancy monitoring, measures likely to reduce low birthweight include eliminating parasitic worm infections in women, micronutrient supplementation, food supplements and preventing malaria and smoking during pregnancy. Reducing the incidence of teenage pregnancy would also help.

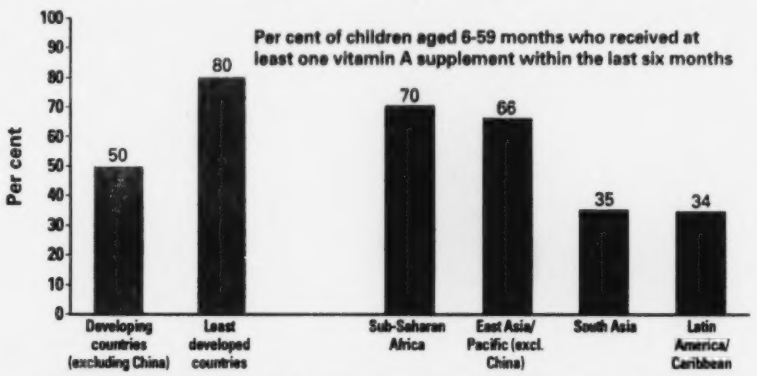
VITAMIN A DEFICIENCY

Most people know that a lack of vitamin A can lead to irreversible blindness. But long before blindness occurs, a child deficient in vitamin A faces a 25 per cent greater risk of dying from common ailments such as measles, malaria or diarrhoea. Vitamin A improves a child's resistance to infection and helps reduce anaemia and night blindness. Vitamin A is found in meat, eggs, fruits, red palm oil and green leafy vegetables – but these foods are often expensive for poor families. In some countries, staples like flour and sugar are now fortified with vitamin A and other micronutrients. Alternatively, children between 6 and 59 months of age can be given two high-dose vitamin A capsules every year at a cost of just a few cents.

The World Summit target was the virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. Until the mid-1990s, however, little progress had been made. In 1996, 11 countries had vitamin A supplementation coverage rates of 70 per cent or more for one high dose. By 1999, 43 countries had achieved such rates. Of these, 10 countries conducted two high-coverage rounds of supplementation for all children under five years of age, thereby achieving the goal of virtual elimination of vitamin A deficiency. Fortunately, coverage is highest in the areas that need it most. Between 1998 and 2000 alone, vitamin A supplementation may have prevented 1 million child deaths.

Several factors lie behind this progress. In 1997, a coalition of donors, technical experts and agencies identified supplementation as the way forward and highlighted the fortification of food as holding great promise. The agencies informally recommended that countries with a child mortality rate greater than 70 per 1,000 live births should immediately begin to distribute vitamin A supplements.

The large-scale distribution of vitamin A capsules has tended to take place through National Immunization Days – with the capsules often provided by the same community volunteers and health workers who distribute the polio vaccine. This has ensured that children receive at least one of the two high-level doses of vitamin A they need each year. However, the polio immunization campaigns will soon be ending in many countries and new distribution systems need to be found.



Vitamin A supplementation, developing world, 1999

* Regional averages for the Middle East and North Africa, and Central and Eastern Europe/Commonwealth of Independent States were not calculated because the available country data cover less than half of each region's children under five years.

Source: UNICEF, 2001.

IODINE DEFICIENCY DISORDERS

Iodine deficiency is the leading cause of preventable mental retardation. It can have devastating effects on pregnant women and young children. During pregnancy, even mild iodine deficiency can damage foetal development and result in retardation, including impaired speech, hearing, motor development and physical growth. In severe cases, it can cause a mental and physical condition known as cretinism. In both adults and children, chronic iodine deficiency causes goitre, a disorder characterized by the swelling of the thyroid gland. Even mild iodine deficiency is dangerous: Where mild iodine deficiency is prevalent, the average intelligence quotient of a population can be lowered by as much as 13 points. The alarming implications for the progress of entire nations are obvious.

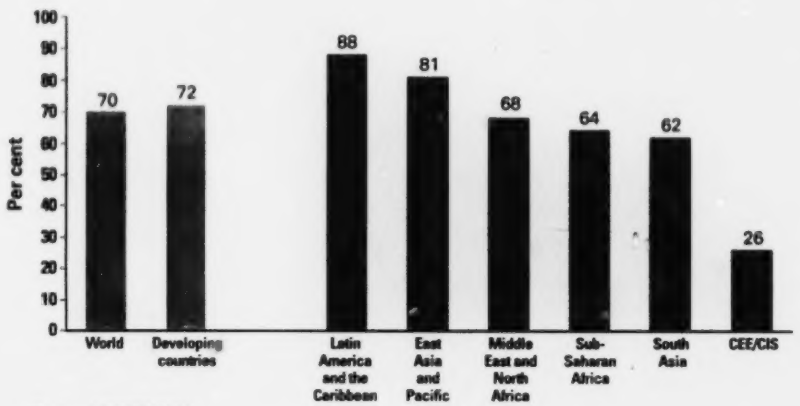
The World Summit goal was *to virtually eliminate iodine deficiency disorders (IDD)* by the year 2000. In 1990, about 1.6 billion people were estimated to be at risk of iodine deficiency. Some 750 million people suffered from goitre and an estimated 43 million were affected by some degree of brain damage as a result of inadequate iodine intake.

The simple process of iodizing salt can eliminate iodine deficiency. The aim is to provide people with the equivalent of a mere teaspoonful of iodine over a lifetime. Salt has been routinely iodized in much of the industrialized world since the early 20th century, but in the developing world, even as recently as 1990, fewer than 20 per cent of people consumed iodized salt.

The success of global iodization efforts means that 90 million newborns each year are now protected from a significant loss in learning ability. Approximately 72 per cent of households in the developing world are using iodized salt. In 35 countries, however, less than half of the households consume iodized salt.

The highest levels of salt iodization are in Latin America (88 per cent). The lowest are in the CEE/CIS and Baltic States region, where salt used to be adequately iodized but now just over a quarter of households consume iodized salt. IDD has resurfaced as a public-health problem in many of these countries. South Asia still has 510 million unprotected people and there are over 350 million more in East Asia and the Pacific. As shown by major progress in even the poorest regions, however, universal salt iodization is a feasible goal which should be pursued vigorously. Given sufficient commitment, IDD can be eliminated by 2005.

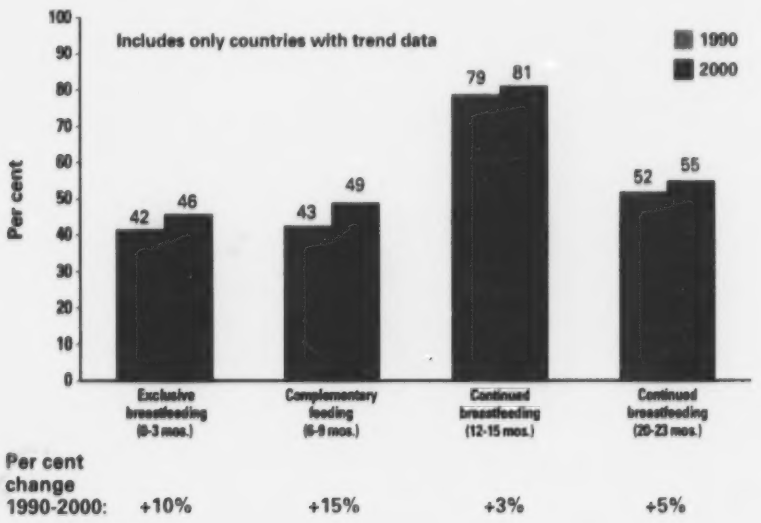
Levels of iodized salt consumption, 1995-2000



Source: UNICEF, 2001.

INFANT AND YOUNG CHILD FEEDING

Notable progress was made during the 1990s towards the goal of *empowerment of all women to breastfeed their children exclusively for four to six months, and to continue breastfeeding, with complementary food, well into the second year.* (The global recommendation now is for exclusive breastfeeding for six months, and the World Health Assembly passed a resolution to this effect in May 2001, urging Member States "to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months.") The rate of exclusive breastfeeding for the first four months of life increased by 4 percentage points. Timely complementary feeding (at six to nine months) improved by 15 per cent. The proportion of infants breastfeeding at one year of age is high, at 80 per cent, but improved only slightly. The biggest overall improvements occurred in the Latin America and Caribbean region, where the proportion of babies exclusively breastfed for the first four months of life went up from 28 per cent to 41 per cent. The highest levels of complementary feeding and continued breastfeeding are found in the least developed countries.



Source: UNICEF, 2001.

Trends in breastfeeding patterns, 1990-2000

There were four main areas of support to breastfeeding. First, the Baby-Friendly Hospital Initiative (BFHI), launched in 1992, supported appropriate breastfeeding practices through the health care system – it has been implemented in more than 15,000 hospitals in 136 countries. Second, the implementation of the International Code of Marketing of Breast-milk Substitutes protected mothers and infants in some countries from harmful marketing practices – 21 countries have adopted all or most provisions of the Code into their legislative systems, and another 26 have incorporated many of its provisions into their laws. Third, maternity-protection measures enabled working mothers to breastfeed their infants and helped ensure their place in the workforce without discrimination. And fourth, at the national level there was stronger coordination and leadership of efforts to protect and promote breastfeeding.

Despite all this progress, there are some obstacles that will have to be overcome if the World Summit goal is to be achieved. Hospitals that have not yet adopted BFHI must somehow be brought on board. Most of these are private hospitals, where the influence of the infant-food industry remains strong. Breastfeeding often remains a 'poor relation' in the health care system. There is also a need for local support groups, to reach every woman in her own community.

The risk of transmitting HIV through breastmilk has emerged as another constraint. Recent reports indicate that transmission of HIV may be lower among exclusively breastfed infants than among those partially breastfed, but more research on this issue is urgently needed. Advocacy is required to emphasize that the Code is vitally important for protecting the health of both breastfed and artificially fed infants.

The success in regulating the marketing of breastmilk substitutes has led to increased attention on the promotion of complementary foods. New mothers often receive free samples of cereal-based foods and, because of illiteracy or confusing labels, can be misled into introducing these foods too soon. Industrially processed foods are often wrongly presented as the only way to provide an infant with a balanced diet. The World Health Assembly has urged the use of safe and adequate amounts of local foods, in addition to continued breastfeeding, from the age of six months.

Household food security

A supporting goal of the World Summit was to ensure household food security by disseminating knowledge and supporting services towards increasing food production. Food security at the household level is necessary if there are to be sustained improvements in the nutritional well-being of children and their families. Developing the skills and providing the services to improve agro-pastoral production, especially through better technology, can play a vital part in ensuring that food security. The Food and Agriculture Organization of the United Nations (FAO) estimates that the number of people in developing countries who were undernourished decreased from 841 million in 1990-1992 to 792 million in 1996-1998. The gains were smallest in sub-Saharan Africa, where 34 per cent of the people were still undernourished. (There are a few countries in other regions where over 35 per cent of people remain undernourished.) Conflict and natural disasters have contributed to food insecurity in many parts of sub-Saharan Africa. But there are also everyday problems that apply right across the region, such as limited access to improved technologies and seasonal inputs, labour shortages among women-headed households and insufficient know-how among those with small landholdings.

Children and women constitute a large proportion of the undernourished population and they remain the most vulnerable to food insecurity.

Children and women constitute a large proportion of the undernourished population and they remain the most vulnerable to food insecurity. Serious inadequacy in diet during pregnancy can have lasting repercussions on the mother and the development of the child both before and after birth. Even in households that have adequate access to food or income, the share of food for women and children,

especially for girls, can be inadequate. Overworked parents often have difficulty in feeding young children frequently enough. Undernourishment among girls and women is compounded by their lack of control over productive resources and exclusion from decision-making.

Although food insecurity affects a larger portion of the rural population, low-income and unemployed families in urban areas are also vulnerable. And in the 1990s, HIV/AIDS has devastated countless families, eroding household incomes and nutritional well-being.

Lessons learned in nutrition

Important strategic shifts and breakthroughs occurred in addressing malnutrition in children during the 1990s, with the focus shifting towards specific low-cost interventions. In particular, the dramatic progress in universal salt iodization and vitamin A supplementation showed how much can be achieved given the right combination of factors: political will, adequate national and international resources, capacity development and careful monitoring. Sustaining these achievements must remain a top priority.

But the high levels of undernutrition in children and women in sub-Saharan Africa and Asia (especially South Asia) still pose a major international challenge to child survival and development. As in child health, experience suggests that the best results come when the provision of basic services is combined with support to community and family initiatives, including making more information available for local decision-making. Many successful small-scale programmes that evolved in the 1990s need to be expanded – and the reasons why they have not expanded thus far need to be better understood.

There is more awareness now of the critical link between women's nutritional well-being and children's survival, growth and development. The next step is for policies and resources to be focused on critical stages in the lives of girls and women – the primary-school years, adolescence and pregnancy. Improved nutrition among women and girls and the prevention of low birthweight are key to breaking the intergenerational cycle of malnutrition.

If there are to be further advances in infant and young child feeding, mothers will need places in which they can easily breastfeed their infants. The ILO Maternity Protection Convention 183, adopted in 2000, provides a long-awaited opportunity to improve the conditions of working mothers, including those in casual, part-time and domestic jobs. The Convention's provisions set out a minimum standard for working women everywhere. More generally, breastfeeding is increasingly understood to be important not just for the life of the infant but also for the child's long-term health and psychosocial and cognitive development. In HIV-affected societies, clear infant-feeding policies need to be further developed and communicated to mothers. Measures to protect, promote and support breastfeeding in emergency situations are also vital.

The global partnership that spurred action on vitamin A in the last years of the 1990s, with support from the Government of Canada, other donors and UN agencies, needs to be sustained. Further expansion of coverage is essential. As National Immunization Days are being phased out around the world, new ways to deliver

vitamin A to children need to be devised. Child health days, in which vitamin A is distributed as part of other interventions such as growth monitoring or routine immunization, are a promising alternative. Initiatives aimed at fortifying food will also be essential to ensuring child nutrition.

To eliminate iodine deficiency disorders requires permanent vigilance: Salt iodization should continually be monitored, as should the iodine status of the population, and information should be provided to families about the benefits of iodized salt.

Women's health

The 1994 International Conference on Population and Development, held in Cairo, had an important impact on child-health policies – and also gave new impetus to the reduction of maternal mortality. By bringing the issue of reproductive health to the fore, it paved the way for the life-cycle approach to human development that would emerge later in the decade.

But progress in improving the overall status of women has been slow. WHO identifies this as one of the primary reasons why mortality in the early neonatal period has not declined as rapidly as in later stages of childhood. The low status of women in many countries is also reflected in the rapid spread of HIV and the slow pace in reducing maternal mortality.

The achievement of 'safe motherhood' – which entails provision of and easy access to family planning, antenatal care, safe delivery, essential obstetric care, basic maternity care, primary health care services and equity for women – would substantially reduce both maternal mortality and long-term disabilities resulting from pregnancy and childbirth. Over 15 million women a year develop such long-term disabilities, a staggeringly high toll.

Maternal mortality

Measuring maternal mortality is difficult but WHO, UNICEF and the United Nations Population Fund (UNFPA) estimate that around 515,000 women die every year as a result of pregnancy and childbirth. Nearly half of these deaths are in sub-Saharan Africa, about 30 per cent in South Asia, 10 per cent in East Asia and the Pacific, 6 per cent in the Middle East and North Africa, and about 4 per cent in Latin America and the Caribbean. Industrialized countries account for less than 1 per cent of these deaths.

The global average of the maternal mortality ratio (MMR) is estimated to be 400 maternal deaths per 100,000 live births. The ratio is highest by far in sub-Saharan Africa (1,100), followed by South Asia (430), the Middle East and North Africa (360), Latin America and the Caribbean (190), East Asia and the Pacific (140), and CEE/CIS and the Baltic States (55). In comparison, the ratio for industrialized countries is only 12 deaths per 100,000 live births.

MMR is a measure of the risk of death a woman faces every time she becomes pregnant. A comprehensive risk assessment takes into account both the probability of dying as a result of childbearing and the average number of births per woman –

the 'lifetime risk'. Women in countries with both high fertility and high maternal mortality run the highest lifetime risks. As shown in the accompanying table, a woman's lifetime risk of dying from maternal causes is highest in sub-Saharan Africa at 1 in 13, compared with 1 in over 4,000 in the industrialized countries and 1 in 75 for the world as a whole. Clearly, in Africa, as well as parts of Asia and the Middle East, women are literally 'risking death to give life'.

WOMAN'S HEALTH BALANCE SHEET

GOAL	GAINS	UNFINISHED BUSINESS
Maternal mortality: *reduction of the maternal mortality ratio by half between 1990 and the year 2000*	• There has been increased awareness of the causes of high maternal mortality, but little tangible progress.	• There is no evidence that maternal death ratios have declined significantly over the last decade. • 515,000 women still die every year as a result of pregnancy and childbirth. A woman in sub-Saharan Africa faces a 1-in-13 chance of dying during pregnancy and childbirth.
Family planning: *access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many*	• Contraceptive prevalence increased by 10 per cent globally and doubled in the least developed countries. • The total fertility rate has declined from 3.2 to 2.8.	• Every year, adolescents give birth to 13 million infants. • Only 23 per cent of women (married or in union) in sub-Saharan Africa use contraceptives. • Access to reproductive health education remains a challenge.
Childbirth care: *access for all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies*	• Modest gains were made in both antenatal care and births assisted by a skilled health worker in all regions except sub-Saharan Africa.	• Essential obstetric care services are lacking. • Coverage of delivery care is only 36 per cent in South Asia and 42 per cent in sub-Saharan Africa.
Anaemia: *reduction of iron-deficiency anaemia in women by one third of 1990 levels*	• Most developing countries have iron supplementation measures for pregnant women.	• Available evidence shows little change during the 1990s in the prevalence of anaemia among pregnant women.

Risking death to give life

Region	Lifetime chance of dying in pregnancy or childbirth*
Sub-Saharan Africa	1 in 13
South Asia	1 in 55
Middle East/North Africa	1 in 55
Latin America/Caribbean	1 in 160
East Asia/Pacific	1 in 280
CEE/CIS and Baltic States	1 in 800
Least developed countries	1 in 16
Developing countries	1 in 60
Industrialized countries	1 in 4,100
World	1 in 75

* Affected not only by maternal mortality ratios but also by the number of births per woman.
Source: *Maternal Mortality in 1995: Estimates developed by WHO, UNICEF, UNFPA*, Geneva, 2001.

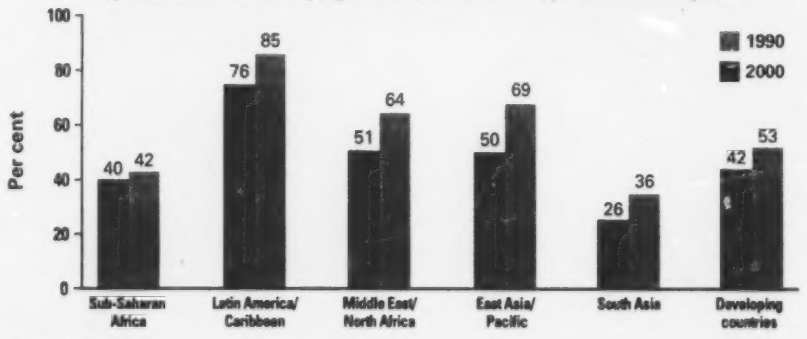
There is no evidence that MMR in most parts of the world has declined significantly over the decade, and the World Summit goal of reducing it by one half was not achieved. The rate is difficult to ascertain, hence attention has focused on process indicators, such as the percentage of births attended by skilled health personnel. Although some modest gains were made in improving delivery care, this has mainly occurred in areas where maternal mortality is less severe.

The vast majority of maternal deaths are caused by complications arising during pregnancy, birth or post-partum. The single most common cause is post-partum haemorrhage. Sepsis, complications of unsafe abortion, prolonged or obstructed labour and the hypertensive disorders of pregnancy, especially eclampsia, also claim lives. Because these complications can occur without warning at any time during pregnancy or childbirth, timely access to and use of high-quality obstetric services are essential.

Providing skilled attendants (doctors, nurses and midwives) able to prevent, detect and manage major obstetric complications – together with the equipment, drugs and other supplies they need – is one of the most important factors in preventing maternal and neonatal deaths. The available data show that just over half – 53 per cent – of all births in the world are assisted by a skilled health attendant. The lowest levels are in South Asia (36 per cent) and sub-Saharan Africa (42 per cent). The highest levels outside industrialized countries are in Latin America and the Caribbean (85 per cent) and CEE/CIS. Trend data available for 51 developing countries show that there has

Skilled attendants at delivery, 1990-2000

Delivery care, by region, based on 51 countries with trend data
Only half of births in developing countries are attended by a skilled health professional.



Source: UNICEF, 2001.

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been a modest increase in assisted births between 1989 and 1999. Progress was greatest in the Middle East and North Africa, followed by Asia and Latin America and the Caribbean. In some countries of sub-Saharan Africa, the proportion of assisted births has actually gone down.

Studies have shown that many of the life-threatening complications of pregnancy and childbirth are difficult to predict or prevent, and WHO reported in 1992 that many of the standard components of antenatal care are not effective in reducing maternal mortality. Antenatal care remains, however, an excellent means of providing complementary services: for example, preventing mother-to-child transmission of HIV, prophylaxis and treatment of malaria and providing micronutrient supplements.

Fertility and family planning

The World Summit called for *access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.* During the second half of the 1990s, the goal of many family-planning efforts shifted from simply reducing fertility to helping couples plan their families. Comprehensive reproductive health care was emphasized, including good quality, voluntary and confidential family-planning information and services, and an emphasis on improving the quality of care. The world's total fertility rate is now at 2.8, down from 3.2 at the start of the decade. In regional terms, sub-Saharan Africa has both the highest fertility rate and the highest teenage fertility rate.

Adolescent pregnancy is alarmingly common. Every year adolescents give birth to 13 million infants. Girls aged 15 to 19 are twice as likely to die from childbirth as women in their twenties; and those under age 15 are five times as likely to die. Being a teenage mother also limits a girl's education and income prospects.

Approximately two thirds of the world's women of reproductive age who are married or in union are now using some form of contraception, up from 57 per cent in 1990. Although there are large regional variations, with 23 per cent of women in sub-Saharan Africa using contraceptives compared to 84 per cent of women in East Asia and the Pacific, contraceptive use is increasing in every region. Least developed countries experienced the largest increase, with contraceptive use nearly doubling over the decade.

Iron-deficiency anaemia

Iron deficiency is by far the most prevalent form of malnutrition in the world. A leading cause of anaemia, iron deficiency affects the health of women and children and the economic performance of nations. The World Summit goal of *reduction of iron-deficiency anaemia in women by one third of the 1990 levels* is closely linked to improving maternal health.

Information on the prevalence of anaemia among pregnant women is limited, but the available evidence suggests that, despite supplementation efforts, there has been virtually no change since 1990. In the mid-1990s, prevalence levels among pregnant women in South-East Asia and sub-Saharan Africa were estimated to be as high as 79 per cent and 44 per cent respectively. However, there are some indications that the prevalence of severe anaemia may have been reduced.

The main intervention to reduce anaemia has been the distribution of iron-folate supplements to pregnant women through the public-health system. A number of

governments in developing countries have made these supplements available using their own and donor resources. Iron supplementation is potentially a feasible strategy because supplements have a proven impact on anaemia and cost only about $1.50 per 1,000 tablets.

Iron supplementation has, however, not been a very effective strategy because supplies have not always been available in sufficient quantity, some women did not comply with the recommended daily intake because of side-effects, and information provided by health staff was sometimes inadequate. Furthermore, women often sought antenatal care at a relatively late stage in pregnancy when pre-existing anaemia and its consequences are more difficult to address. New strategies are needed to tackle this serious problem.

LESSONS LEARNED IN WOMEN'S HEALTH

Priorities in safe motherhood programmes during the 1990s were not always clearly defined, and the interventions were not always well focused. Some programmes took a broad approach, giving equal emphasis to raising women's status, improving maternal health services and expanding emergency care. These efforts were sometimes too ambitious and expensive for governments with limited donor support.

Experience has shown that training traditional birth attendants without back-up from professionally trained health workers is not likely to be effective in reducing maternal mortality. For many years, however, governments and agencies invested in training traditional birth attendants as a way of providing services at the community level for maternal health care.

Clearly, the main causes of maternal death cannot be predicted or prevented through antenatal care alone – curative care is essential. Access to skilled attendants is desirable but immediate access to essential obstetric care is the crucial factor in saving lives. Governments must therefore aim to ensure not only that women seek and have access to antenatal care, but also that high-quality essential obstetric care is available to all women during pregnancy and childbirth.

Child spacing and family planning reduce a woman's chances of unsafe pregnancies and consequently her chances of maternal death. However, they do not reduce a woman's chances of complications or death once she is pregnant.

Reducing anaemia remains a major challenge and can only be achieved through a combination of interventions. Technical constraints need to be overcome so that supplementation during pregnancy can be expanded. This supplementation should include other nutrients, because anaemia can be due to deficiencies in vitamin A, zinc and vitamin B12, as well as iron. Food fortification is another strategy that is being pursued, and new partnerships with the food industry are being forged. Prevention of malaria and parasitic worms should be part of an overall strategy to reduce anaemia, covering young children as well as women.

Safe drinking water and sanitation

Unsafe drinking water and poor sanitation are among the major causes of child deaths, illnesses and malnutrition. Studies have shown that improvements in safe

WATER AND SANITATION BALANCE SHEET

GOAL	GAINS	UNFINISHED BUSINESS
Water: *universal access to safe drinking water*	• 900 million additional people obtained access to improved water supplies over the decade.	• Some 1.1 billion people still lack access. Global coverage increased by 5 percentage points, to 82 per cent. • Water-quality problems have grown more severe in a number of countries. • Access in low-income areas remains poor, especially in informal settlements.
Sanitation: *universal access to sanitary means of excreta disposal*	• 987 million additional people gained access to decent sanitation facilities.	• 2.4 billion people, including half of all Asians, lack access. Global access increased by 10 percentage points. • 80 per cent of those lacking sanitation live in rural areas.
Guinea worm disease: *elimination*	• The number of reported cases has declined by 88 per cent. The disease is now eliminated in all regions except one country in North Africa and 13 countries in sub-Saharan Africa.	• Momentum towards the elimination of guinea worm disease needs to be maintained.

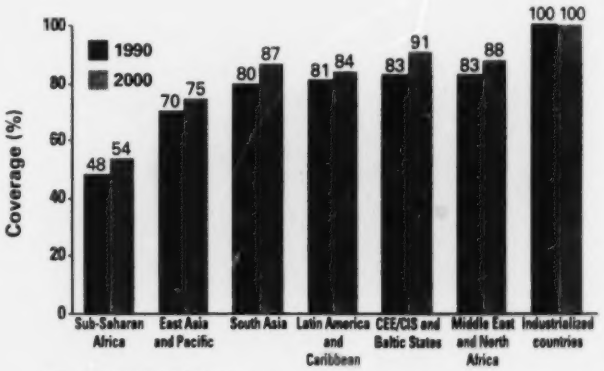
water supply, and particularly in sanitation and hygiene, can reduce the incidence of diarrhoea by 22 per cent and resulting deaths from it by 65 per cent. A similar impact is likely on cholera, hepatitis, parasitic worm infections and trachoma.

The World Summit for Children, recognizing the unfinished work of the International Drinking Water Supply and Sanitation Decade of the 1980s, re-endorsed the goal of *achieving universal access to safe drinking water and sanitary means of excreta disposal*. Revised estimates from the 2000 WHO/UNICEF Global Water Supply and Sanitation Assessment suggest that, taking population growth into account, the number of people lacking access to these basic services has remained essentially unchanged. Although large numbers of people gained access to improved water supply services for the first time during the 1990s, universal access is still a long way off. The percentage of people with some form of improved supply rose from 77 per cent in 1990 to 82 per cent in 2000. This leaves more than 1 billion people without **access to safe water.**

Between 1990 and 2000, the proportion of the world's population with access to sanitation facilities increased from 51 per cent to 61 per cent. An estimated 2.4 billion people still lack access to improved sanitation.

Sub-Saharan Africa has the lowest safe drinking water access, at 54 per cent. Its overall sanitation coverage has been static and is also estimated at 54 per cent. South Asia's safe water supply access is relatively good at 87 per cent, but it has by far the lowest sanitation coverage, at 37 per cent. Asia, with 61 per cent of the world's population, accounts for the vast majority of people without access to improved services.

Improved water coverage, change over period 1990-2000

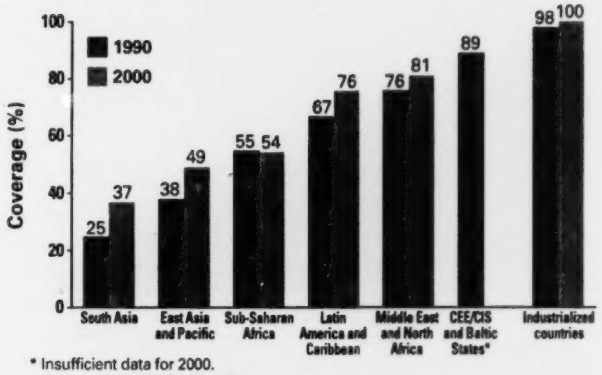


Source: UNICEF/WHO, 2000.

Chemical contamination of water supplies emerged as a grave concern during the 1990s. One of the most serious problems was the contamination of drinking-water sources by naturally occurring inorganic arsenic in Bangladesh and other parts of South Asia. Arsenic does great damage to human health. The response to it has included: identifying wells that draw on contaminated aquifers and working with families to ensure that such sources are not used for drinking or cooking; providing alternative sources; and involving affected communities in the search for and management of alternative sources. Another naturally occurring chemical contaminant – fluoride – poses threats to people in a number of countries, including China and India, though in this case household filters can help protect people.

Sanitation has historically been viewed as a lower priority than having a safe water supply and so has attracted less investment. Population growth and urbanization have also made it more difficult to provide adequate sanitation for all. Between 1990 and 2000, the global total of people living in urban areas increased by 25 per cent, while the number living in rural areas increased by less than 10 per cent. The Global Environmental Sanitation Initiative, launched in 1998, has sought to raise the profile of sanitation and hygiene practices among governments, development planners and other professionals.

Several international organizations, including UNICEF, WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and Education International, have encouraged increased attention to the health of children in schools and have launched the FRESH initiative – Focusing Resources on Effective School Health. FRESH is part of the effort to create a school environment in which children can learn and flourish. School health – including clean water, separate toilet facilities for girls and boys and hygiene education – is a key component of a child-friendly learning environment.



Improved sanitation coverage, change over period 1990-2000

* Insufficient data for 2000.
Source: UNICEF/WHO, 2000.

Impoverished families are most likely to lack access to clean drinking water and adequate sanitation. The price paid by such families is extraordinarily high in terms of ill health and of time and energy spent collecting water from distant sources – burdens that usually fall on women and girls. The participation of women in solving local water supply and sanitation problems is increasingly seen as crucial to developing successful programmes. Governments are partnering with community organizations to raise matching resources to improve local water supplies.

GUINEA WORM DISEASE

Over the past decade, the world has witnessed a 88 per cent decline in the number of reported cases of the highly debilitating guinea worm disease (dracunculiasis). In a highly successful effort, the disease has been eliminated in all regions of the world except for one country in North Africa and 13 in sub-Saharan Africa. Sudan accounts for nearly three quarters of the remaining reported cases.

Because the foremost requirement is the provision of clean drinking water, there are no substantial technical barriers to guinea worm eradication. However, clean water provision needs to be combined with effective health education. Improvements in existing rural water supplies, water filters and community health education also need to be implemented in countries with new cases.

Case-containment measures are particularly useful in areas where the levels of guinea worm are already low. Where the disease is still widespread, surveillance needs to be strengthened with village-level participation.

Guinea worm eradication efforts have contributed to the wider services available to communities and their successful methods can be used by community-based health programmes to reach marginalized populations. In addition, the reporting of cases has been a cost-effective form of village-level monitoring and the use of maps for guinea worm surveillance has benefited planning in other programmes.

The great strides that have been made towards the goal of guinea worm eradication are the result of a broad and effective coalition involving United Nations and bilateral assistance agencies, Global 2000 of the Carter Center, the private sector, NGOs, national ministries and political leaders – all of whom have supported people in endemic areas to rid themselves of this parasite. This momentum – and the high level of political and financial support – needs to continue until full eradication is reached.

Overall progress towards the water and sanitation goals has been mixed. But it is unquestionably those countries and regions affected by conflicts, large debt burdens, lack of investment resources and weak institutional capacity that have faced the greatest difficulties. These problems are most severe in sub-Saharan Africa, where people still suffer from guinea worm disease, the final eradication of which has been delayed by conflict and lack of safe water supplies in some of the most endemic areas.

Water quality needs to be more effectively monitored to ensure that health hazards are avoided. This can be done by introducing basic testing for bacteriological contamination. Selective chemical testing on the basis of local problems can be very effective and costs little if appropriate technology is used.

Sector-wide approaches (SWAPs) to water supply and sanitation may bring major improvements in investment and efficiency levels, but must work in concert with strategies in health, nutrition and education. Schools can help kick-start community action, for instance. Teachers can serve as leaders and role models, not only for the children, but also for the wider community. Schoolchildren can influence family members and whole communities to improve sanitary conditions and hygiene practices.

Community management and hygiene are critical to ensure that water and sanitation services result in sustained improvements in children's lives. Longer-term benefits will not be realized unless water and sanitation infrastructure is effectively used and maintained. Clean water may be available in the household but if handwashing and other hygienic practices are not routine, health benefits will not materialize. Not least because of their direct implications for child survival and development, household water security, environmental sanitation and adequate hygiene practices need to be priorities for the next decade.

HIV/AIDS

The scale of the HIV/AIDS pandemic now exceeds the worst-case projections made in 1990. Worldwide, the number of people living with HIV or AIDS is 50 per cent higher than the figure projected in 1991. Sub-Saharan Africa has the highest seroprevalence, with 70 per cent of all new infections in the world. The rapid spread of the virus in the Caribbean, Eastern Europe and Asia is of urgent concern, but every region is experiencing rising numbers of infections.

Essential public awareness and preventive measures have not yet been implemented on a sufficiently wide scale, even where the threat or effects of HIV/AIDS are very serious.... Every minute, six young people between the ages of 15 and 24 become infected with HIV – more than 8,000 a day.

HIV/AIDS has emerged as the greatest immediate threat to children and women in sub-Saharan Africa. The HIV/AIDS crisis both exacerbates and deepens many of the interlocking problems that affect much of the region, including poverty, discrimination, malnutrition, poor access to basic social services, armed conflict and the sexual exploitation of girls and women. The epidemic has strained capacities at all levels, for example, by the deaths of parents and of trained personnel. Life expectancy

is plummeting in the most severely affected countries, with infant and child death rates rising. Health services are already overwhelmed by the influx of AIDS patients. Furthermore, education is at risk due to the deaths of many teachers and the pressures on children to stay at home to care for AIDS-affected family members.

Political leaders and activists in some countries – including Brazil, Senegal, Thailand and Uganda – have openly confronted the pandemic and taken energetic steps to combat it. Several other countries in sub-Saharan Africa and South-East Asia are following their lead. But essential public awareness and preventive measures have not yet been implemented on a sufficiently wide scale, even where the threat or effects of HIV/AIDS are very serious.

The impact of HIV/AIDS on children

Children face several threats from HIV/AIDS – becoming infected themselves, being orphaned, being affected by the consequences to their families and communities.

Every minute, six young people between the ages of 15 and 24 become infected with HIV – more than 8,000 a day. By 2000, more than 10.3 million young people were infected, of whom nearly two thirds were girls and young women. It is estimated that in the year 2000, 500,000 children under the age of 15 died of AIDS and 600,000 children in the same age-group were newly infected with HIV; in addition, 2.3 million children lost their mother or both parents to AIDS. Of the estimated 36.1 million people living with HIV/AIDS, more than 95 per cent of whom are in developing countries, 16.4 million are women and 1.4 million are children under 15. Despite the fact that about one half of new infections are occurring among young people, the majority of young people – especially adolescent girls and young women – are not sufficiently aware of the risks they face and lack the skills to protect themselves.

Transmission through pregnancy, delivery or breastfeeding is responsible for more than 90 per cent of HIV infections in infants and children under the age of 15.

As HIV/AIDS spreads and more people become infected, the number of children affected by the disease increases. Since the beginning of the pandemic, more than 13 million children have lost their mother or both parents to AIDS before reaching the age of 15. Never before in human history has such a vast number of orphans been left with little or no adult protection and care. The scope and complexity of development challenges and threats to the rights of children orphaned by AIDS are staggering.

Source: UNAIDS, 2000.

Estimated number of people living with HIV/AIDS, by region, 1980-1999

Evolution of major HIV/AIDS policies, strategies and partnerships

By the mid-1990s it became clear that the relentless spread of HIV, and the pandemic's devastating impact, would require a greatly expanded United Nations effort. In 1996, in order to ensure greater coordination of their efforts, six organizations (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) formed the Joint United Nations Programme on HIV/AIDS (UNAIDS). The United Nations International Drug Control Programme (UNDCP) joined in 1999.

The strategic priorities in the global effort to combat HIV/AIDS include ensuring effective leadership and coordination; alleviating the social and economic impact of the pandemic; reducing the vulnerability of particular social groups to HIV infection; achieving targets for prevention; ensuring that care and support are available to infected and affected people; making anti-retroviral drugs affordable and accessible; and mobilizing financial resources. Special efforts will be needed to prevent HIV infection among young people as well as the transmission of HIV from mother to child, and to ensure protection, care, access to basic services and income support for orphans and children in families that have been hard hit by AIDS.

Numerous bodies have established guidelines for the management of HIV infection in adults, pregnant women and children. In most industrialized countries, where there is broad access to HIV care and support, including medication, the application of HIV care standards has led in recent years to significant decreases in mortality, and to similar declines in progression from HIV infection to AIDS.

These guidelines have not been widely applied in developing countries for a number of reasons, including the expense of drugs, the lack of medical infrastructure and the limited availability and uptake of voluntary counselling and testing.

Despite this, a number of countries, most of them in sub-Saharan Africa, are beginning to prevent mother-to-child transmission of HIV through a range of promising interventions. Among these are access to adequate antenatal care and voluntary counselling and testing; administering anti-retroviral drugs during pregnancy and delivery; improving care during labour and delivery; counselling and support for HIV-positive women in deciding how to feed their babies; and psychosocial support and care for opportunistic infections. These interventions are expected to expand quite rapidly.

The care and support of women (including pregnant women), children, adolescents and family members living with HIV infection – including HIV-specific prevention and treatment of opportunistic infections – are important for several reasons. The availability of HIV care and support is likely to boost the use of voluntary counselling and testing and prevention services; maintaining the health of HIV-infected parents (and prolonging their lives) will ease the stresses on children; and reduction in viral load can lower the risk of transmission to others.

Lessons learned in HIV/AIDS prevention and care

Full-scale political commitment is essential if HIV/AIDS programmes are to be successful. Some regions and countries still do not fully recognize the gravity of the threat posed by the HIV/AIDS pandemic, and well-designed advocacy efforts have often been needed to 'break the silence' and reduce the stigma and discrimination

associated with the disease. There must also be significant investment at global, national and community levels in effective HIV prevention and care.

Basic knowledge about HIV/AIDS does not always lead to less risky behaviour. Experience has shown that the chances for behavioural change improve when information campaigns address the attitudes, values and skills needed to protect oneself.

The pressing needs of children affected by the pandemic – who may have lost parents, become destitute or been left without access to school and health services – should be a priority on every agenda.

It is important to build partnerships for HIV/AIDS prevention and care that include young people as well as opinion makers such as religious and traditional leaders. There need to be opportunities for adolescents, including those orphaned and affected by AIDS or infected with HIV, to participate in prevention efforts, peer education and mass mobilization – both to enlist their support and to put their specific needs on the political agenda. Service providers need access to accurate information and the skills to use interactive methodologies to work with and for adolescents. Meanwhile, the pressing needs of children affected by the pandemic – who may have lost parents, become destitute or been left without access to school and health services – should be a priority on every agenda. This will take a committed effort from all concerned – from government agencies and NGOs to local communities and caregivers. The rights of these children must be restored through special protection measures – as in any major humanitarian crisis.

Adolescent health and development

The situation of adolescents, especially those struggling amid crushing adversity, has drawn increasing attention in the decade since the World Summit for Children. There is a growing understanding that, far from being the 'burden' that some adults believe them to be, the youth of the world are an immeasurably rich resource. Adolescents' rights to health and development are central to controlling a whole range of immediate threats like HIV/AIDS, substance abuse and violence, and also to combating a host of other problems that can threaten not only their lives but those of their children.

Adolescence is a critical period in shaping a child's future, for it is during these years that young people develop a definitive sense of self, which occurs as they acquire social values, form civic commitments and become increasingly aware of matters of sexuality and fertility. The HIV/AIDS pandemic has helped raise public awareness of the importance of adolescence, for stemming the disease hinges on whether young people have the knowledge and skills – and access to the services they need – to help them reduce their risk of infection.

Dropping out of school, behavioural problems such as violence and drug addiction, teenage pregnancies: All of these are readily associated with adolescence, but the potential of adolescents as creative, energetic actors and leaders for positive social change has been widely underestimated. Teenagers' problems often stem from their increasing marginalization from the world of adults, their vulnerability and the

inadequacy of social, economic and political systems to cater for their needs and aspirations. The participation of adolescents in society needs to be encouraged and supported – and their views and contributions solicited.

If the health risks faced by adolescents are to be reduced, they must be given access to accurate information. They must have the opportunity to build both life skills and livelihood skills. They must have access not only to services for reproductive health but also to voluntary and confidential counselling and testing for HIV/AIDS. Above all, they must be able to live in a safe and supportive environment.

Tobacco addiction has become a significant childhood problem, with people being lured into smoking at ever earlier ages. The success of some industrialized countries in reducing nicotine addiction and the promotion of smoking has yet to be replicated in the rest of the world. But there is evidence that many countries are giving increasing priority to prevention programmes for young people. NGOs, health centres and the media are using drama, radio and television to disseminate information about health to young people.

Schools offer another important setting for adolescent participation, for providing young people with guidance and support and for developing positive values and skills. In several regions, teachers, NGOs, peer educators and facilitators are being trained to offer life-skills education. Life skills are being included in some school curricula, mainly on a pilot basis, and also in peer education initiatives. Programmes to prevent and reduce substance abuse among young people are also being introduced. However, access to and use of voluntary and confidential testing and counselling for HIV/AIDS remain low among adolescents – and especially adolescent girls, one of the groups most at risk of contracting HIV.

Lessons learned in adolescent health and development

Health-promotion efforts among young people must become a high priority. Service providers (including young people) need accurate information – but they also need skills in using interactive methods to work with adolescents to reduce risks.

The unfortunate tendency to view adolescents in a negative light should be directly countered by emphasizing their ability to make positive contributions to society – in their homes, schools, communities and on the national stage. Adolescent participation is essential to policies and programmes that hope to have an impact on such problems as HIV/AIDS and drug use, which undermine the health of young people now and in the future.

Evolution of health, nutrition and water and sanitation policies and strategies during the 1990s

Some countries stand out for having prioritized child health in their allocation of resources. On the whole, however, national investment in basic health services has not lived up to the promises made by world leaders in 1990.

Given the shortfall of resources, the greatest successes of the decade have been in 'vertical' programmes targeting specific diseases affecting children, such as polio, guinea worm and measles. These programmes were able to mobilize public interest,

media attention and donations and put pressure on national leaders to produce results – and the results themselves could be easily measured.

These single-focus interventions, however successful, do not replace the need to strengthen health systems in developing countries, nor do they represent adequate attention to the total needs of young children, adolescents or families. But targeted programmes can serve as catalysts for broader improvements to the health system and, being mostly preventive in nature, they may reduce demand on overworked and underfunded health care services.

During the 1990s, however, broader-based strategies to strengthen health systems were also established. The Bamako Initiative attempted to strengthen health systems by providing a minimum package of health care and basic drugs at affordable prices through some cost-sharing between providers and users and community participation in management. The Initiative revitalized local service delivery in some parts of Africa – and was extended to other continents. The Initiative has led to improved and sustained immunization coverage and other preventive activities, as governments have increased their capacity to provide essential drugs and vaccines. Even in countries facing severe economic distress, revitalized basic health care facilities have been able to offer a variety of services, including the provision of essential drugs. These efforts have not only improved the well-being of whole populations, they have also empowered individuals and families to assume responsibility for their own health and welfare. In that sense, the Bamako Initiative has been a major step towards democratizing the working of primary health care.

There has been considerable reform of the health and water sectors in the 1990s, often involving decentralization to provincial or district levels.

While the Initiative has been recognized as a cost-effective, sustainable approach to revitalizing health systems, it relies on users paying something directly for services. Some studies have shown that the introduction of user fees has deterred a significant number of people. This happened particularly where such fees were not accompanied by improvements in service quality or where exemptions were not made for families and children unable to pay.

There has been considerable reform of the health and water sectors in the 1990s, often involving decentralization to provincial or district levels. Decentralization has contributed to a new concern for integrity and accountability in the public sector. New methods have emerged for involving local communities in managing and monitoring service provision in health, clean water supply and other public services.

However, decentralization has too often gone hand in hand with cuts in central funding for supervision, monitoring, training and the supply of drugs, vaccines and spare parts. Without adequate support from the centre, decentralized child health and community water services are at risk of deteriorating. And with privatization, a two-tier system has emerged in many countries whereby the better-off enjoy the latest technologies, while the poor receive minimal care from inadequately financed public facilities. The poor, rural and most remote sections of the population offer little economic incentive to private providers and are thus hit particularly hard by cuts in public spending on health.

Concern for better coordination of aid has led to new forms of collaboration between governments and donors, known as sector-wide approaches (SWAPs), many of which are in the health, education and water sectors. SWAPs aim to provide a comprehensive framework for the development of policy and programming in the sector over a period of several years.

Health is becoming more of a global public concern. International integration in trade, travel and information has accelerated the cross-border transmission of disease and the transfer of behavioural and environmental health risks. Intensified pressures on global resources of air and water have led to shared environmental concerns. These trends have both positive and negative implications. The Ebola crisis in 1994, followed by sensationalist coverage in the media, led to greater awareness among politicians and the general public of the potential dangers from disease. Such awareness may lead to increased international action on health issues. On the other hand, it may contribute to increased xenophobia and investment to protect the already privileged.

The 1993 World Bank *World Development Report* re-emphasized the health-related goals of the World Summit for Children. It also applied economic analysis to health policies, introducing the concept of 'the global burden of disease', which has helped clarify priorities for cost-effective health spending. It made the case for public sector involvement in the financing of public health and a minimum package of essential clinical services, especially for the poor. In subsequent years, the World Bank became the single largest external financier of health activities in low- and middle-income countries and an important voice in national and international debates on health policy. The Bank has been a strong supporter of both health-system reform and SWAPs.

There has been a worsening mismatch between those diseases considered research priorities and those that have the greatest impact on world health.

Despite the call in the World Summit Plan of Action to encourage collaborative research to tackle the major problems facing children, the allocation of research funds has not improved over the decade. If anything, there has been a worsening mismatch between those diseases considered research priorities and those that have the greatest impact on world health. For instance, pneumonia and diarrhoeal diseases constitute 15.4 per cent of the total global disease burden but receive only 0.2 per cent of total global investments in health research. There are some notable exceptions, however. WHO has supported research into the development and assessment of new vaccines, while the private sector has devoted considerable resources to the development of drugs to combat HIV and treat AIDS. Two important technological advances – the Internet and mapping software – have contributed to health research and planning in developing countries.

The holistic vision of the Alma Ata International Conference on Primary Health Care remains strongly relevant, as the close relationship between the many factors affecting child health has become clear and as concerns about the viability of health systems have deepened. Continuing examples of holistic approaches include the Integrated Management of Childhood Illness initiative, the Bamako Initiative and

the Focusing Resources on Effective School Health (FRESH) initiative.

Programmes focused on single priorities continue, however, to gain attention and support. Two key examples are the Global Alliance for Vaccines and Immunization (GAVI) – a coalition of organizations formed in 1999 in response to stagnating global immunization rates and widening disparities in vaccine access between countries – and the Roll Back Malaria campaign, which has set an ambitious goal of halving malaria-related mortality by the year 2010. The guinea worm disease eradication effort shows how a programme with an original single purpose can broaden its focus: It has brought clean water to many remote communities and mobilized them to seek better health overall, while expanding to fight river blindness and other diseases.

Priority actions for the future in health, nutrition, water and sanitation

Globally, there has been substantial progress towards some of the goals set by the World Summit for Children in health, nutrition, water and sanitation. Polio and guinea worm disease are near eradication; deaths from neonatal tetanus and diarrhoea have been halved; and salt iodization and vitamin A supplementation protect millions of children and adults from deficiencies of these critical micronutrients. These successes are compelling evidence of what can be achieved.

The best results for children come from a mixture of vertical health interventions and community-based programmes. For the delivery of services such as polio immunization or vitamin A supplementation, vertical programmes are most effective. However, experience from many countries shows that to improve and sustain the overall health and nutrition of children and women, along with such vertical interventions there must be community-based, family-oriented efforts. Such programmes have proved successful in the home-based management of diarrhoea and, on a more limited scale, in the maintenance of water sources and in addressing child malnutrition – but they have to be adequately resourced. Locally adapted communication strategies are also required to reach out to and empower the most vulnerable communities.

Even though the ultimate responsibility for ensuring children's rights to health and nutrition lies with national governments, these rights cannot be fulfilled without the involvement of public, private and civic actors at all levels of society. National and local governments must be strengthened in their capacity to deliver services, assure quality and make resources available. Simultaneously, there must be greater emphasis on family practices and community participation. The access of all families to basic services and essential commodities must be assured and a supportive environment encouraged to promote changes in attitude and behaviour that will benefit children.

Over the past decade, the resources needed to achieve the goals for all children have simply not been forthcoming. Total public investments in children's health and nutrition, and in clean drinking water and sanitation, have sometimes decreased alarmingly, especially in the least developed countries. We need to find new ways of

mobilizing resources for children, such as the use of public-private partnership frameworks. But we must also be more accountable for the use of the resources that are made available, if the considerable progress for children made during the 1990s is to be carried forward – and the unfinished business taken care of.

KEY ACTIONS IN THE IMMEDIATE FUTURE

Flexible, responsible health delivery systems

Integrated packages of core interventions should include:

- Traditional vaccines;
- New and improved vaccines, such as hepatitis B, Hib and the pneumococcal vaccine;
- Vitamin A and other micronutrient supplements;
- Impregnated bednets in malaria-affected areas;
- Essential drugs and supplies.

Services for mothers and newborns must also be reinforced. These include:

- Antenatal services, including malaria prevention, tetanus immunization, food and micronutrient supplements and measures to prevent mother-to-child transmission of HIV;
- Skilled attendance during and after birth to identify and refer obstetric complications, prevent tetanus, asphyxia and infections in newborns, and ensure birth registration.

Family- and community-based interventions in health, nutrition, water and sanitation

Experiences from many countries show that community participation is vital if the health and nutrition of children and women are to be improved and sustained. Families and communities have both a right and a duty to take charge of their own and their children's health. A major shift is required in the thinking of many governments, service providers and international agencies, who need to offer real opportunities for participation and to mobilize adequate resources in support of family- and community-based actions.

At the household level, such actions should include:

- Preventive efforts, such as hygiene promotion and insecticide-treated bednets;
- Good nutritional practices, including breastfeeding and complementary feeding;
- Improved care of illnesses, such as pneumonia, malaria, diarrhoea, measles and HIV/AIDS;
- Psychosocial stimulation for young children.

At the community level such efforts should include:

- Mechanisms for assuring adequate supplies of basic drugs and health supplies, access to safe water and sanitation, coupled with community participation in delivery systems, planning and financing;
- Community-led information systems, such as child growth monitoring, as a basis for good decision-making;

- Training and support for community health workers, including auxiliary midwives;
- Transport services to eliminate potentially fatal delays in obstetric and other emergencies.

Public services and family- and community-level activities need to be closely linked through:

- Communication strategies that reach out to all communities and families, especially the most isolated and vulnerable;
- Participatory social audits that assess community views of service delivery and build the influence of service users, including children and women, into health, nutrition, water and sanitation service planning, management and monitoring.

Successful local efforts to promote family and community practices in health, nutrition and hygiene need to be accelerated and expanded.

A stronger focus on adolescent health and development

To prevent health risks among young people, priority must be given to:

- Ensuring that they have access to accurate information;
- Creating opportunities for adolescents to build their skills and develop confidence, contacts and self-esteem;
- Providing youth-friendly health services that include reproductive health services, as well as voluntary and confidential counselling and testing for HIV/AIDS;
- Creating safe and supportive environments in which young people can participate and contribute.

An intensified global and local effort on HIV/AIDS

Global mobilization, with clear targets and adequate financing, is needed to halt the ravages of HIV/AIDS. This effort should include:

- Prevention, including educational and information services for young people;
- Reduction of mother-to-child transmission of HIV, which necessitates the expansion of antenatal services;
- Care and support for people with AIDS, including the provision of affordable medicines and drugs through appropriate delivery systems;
- Measures to strengthen the ability of women and girls to protect themselves;
- Special assistance for children orphaned by AIDS, including access to social services, the strengthening of family and community capacities to care for orphans, and legal and administrative measures to protect orphans from abuse, exploitation and discrimination.

National and local leaders need to be pressed to ensure that there are sufficient resources and support for these priority actions for children. In the 1990s, this was achieved in part through programmes of action for children. Whatever form such programmes take in the future, all sectors of society must participate in well-focused efforts, with specific targets, to realize children's and young people's rights to health and adequate nutrition, supported by basic services, including clean water supplies and sanitation.

Education and literacy

The World Conference on Education for All, held in 1990 in Jomtien, Thailand, adopted a strategy for the achievement of universal access to basic education. Inspired by the Conference, the World Summit for Children made a commitment *to increase significantly educational opportunity for over 100 million children and nearly 1 billion adults, two thirds of them girls and women, who at present have no access to basic education and literacy.*

EDUCATION BALANCE SHEET

GOAL	GAINS	UNFINISHED BUSINESS
Early childhood development (ECD): *expansion of ECD activities, including appropriate low-cost family- and community-based interventions*	• Enrolment of children in early childhood programmes has kept pace with or exceeded population growth rates in most regions.	• Most progress has been among urban and elite populations and on formal pre-school programmes. • Countries in Central and Eastern Europe and Central Asia have seen a virtual collapse of public provision of pre-school education. • Limited progress on comprehensive family- and community-based approaches.
Basic education: *universal access to basic education and achievement [completion of four years] of primary education by at least 80 per cent of primary-school-age children*	• Net primary school enrolment has increased in all regions and reached 82 per cent worldwide. • Latin America has achieved its regional target of more than 70 per cent primary school achievement in urban areas. • The World Education Forum (Dakar 2000) endorsed a comprehensive definition of education quality. • Many countries have extended the period of basic education to close the gap between the end of compulsory schooling and the minimum age for employment. • Humanitarian relief now includes education as part of its basic package. • The HIPC II initiative now links increased investment in basic education to debt relief.	• Nearly 120 million children of primary school age remain out of school, especially working children; children affected by HIV/AIDS, conflict and disability; children of the poor or of minorities; and rural children. • Millions are receiving an education of poor quality. • At least one third of the 190 million working children aged 10 to 14 in developing countries have no access to basic education. • Funding for education interventions in humanitarian crises remains a low priority. • Implementation of HIPC II has been slow.

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Over the decade, the right to education has been reaffirmed internationally. The cornerstone of this is free and compulsory primary education, though the aim is also to provide increasing access to learning opportunities at secondary, technical and higher levels. For children, this education must be of a quality that enables them to develop their personality, talents, and mental and physical abilities to their fullest potential.

The balance sheet for progress on the World Conference on Education for All and the goals in education and literacy of the World Summit for Children is shown below.

GOAL	GAINS	UNFINISHED BUSINESS
Gender disparities: *reduction of current disparities between boys and girls*	• The primary school enrolment gap between girls and boys has been halved globally from 6 to 3 percentage points. • Among developing regions, CEE/CIS and the Baltic States, Latin America and the Caribbean, and East Asia and the Pacific have the lowest gender gap (of 1 percentage point or less). • Middle East and North African countries have halved the gender gap, to 7 percentage points. • South Asia has greatly reduced the gender gap to 6 percentage points.	• The gender gap has not narrowed sufficiently over the decade in sub-Saharan Africa.
Adult literacy: *reduction of the adult illiteracy rate to at least half its 1990 rate, with emphasis on female literacy*	• Adult illiteracy has declined from 25 per cent to 20 per cent.	• The absolute number of illiterate adults has remained at nearly 900 million over the last decade worldwide, with the numbers of illiterates increasing in most regions. • Illiteracy is increasingly concentrated among women, especially in South Asia and sub-Saharan Africa.
Knowledge, skills and values for better living: *increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels*	• Provision of education and training for young people in skills formation is increasing, with greater emphasis on life skills and livelihood skills. • New partnerships have emerged among education providers, industry and community leaders to promote relevant skills-based learning.	• Young people, especially in Central and Eastern Europe and sub-Saharan Africa, face massive unemployment and often displacement. • The majority of young people in sub-Saharan Africa and Asia lack the skills to protect themselves from HIV/AIDS.

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HIV/AIDS poses an enormous danger to the achievement of the world's goals for education in the coming decade. In the worst-affected areas, the demand for education is on the wane because families and communities are increasingly poor, dispirited and devastated. For the children of such families who are still in school, discrimination and fear affect learning and socialization. On the supply side, scarce funds are being diverted from education to caring for AIDS patients, and the number of qualified teachers is dwindling. Yet education is an essential need both for combating HIV/AIDS and responding to the needs of children, families and communities affected by the disease.

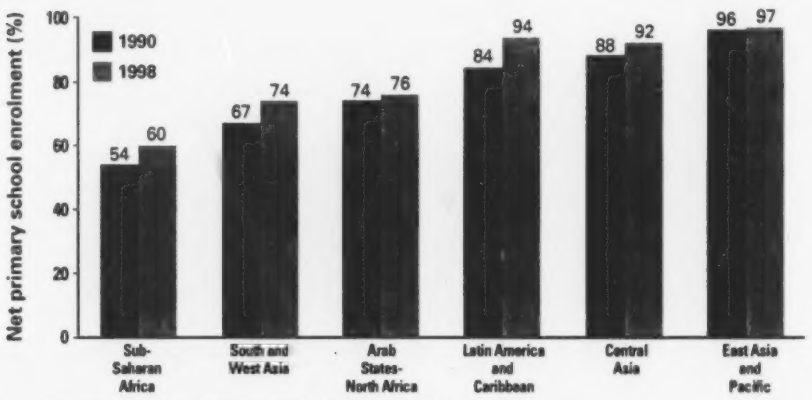
The largest single group of children denied a basic education is girls.

Education for All (EFA) will never be achieved if gender discrimination is not addressed. The largest single group of children denied a basic education is girls. This discrimination goes beyond the numbers visible in enrolment figures – it is reflected in inequalities throughout education systems and in society as a whole.

Primary education

According to the *Education for All Assessment 2000*, the most extensive assessment of educational development to date, the net primary school enrolment ratio increased in the 1990s in all regions. Nevertheless, the World Summit goal of universal access to basic education was not achieved. Population growth cancelled out the increase in the enrolment ratio, so that there are nearly 120 million children of school age out of school, approximately 53 per cent of whom are girls. These are working and exploited children; children affected by conflict and by AIDS; children with disabilities; children of poor families and minorities; and children in rural, peri-urban and remote areas. Millions more are receiving an education of poor quality.

Primary school enrolment (net), change over period 1990-1998



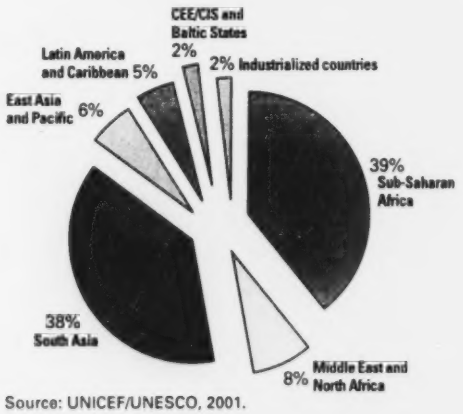
Source: UNESCO, *Education for All Assessment 2000.*

The breakdown of net enrolment ratios by region masks considerable variations between and within countries. Some regions, in fact, are barely keeping up with the growth in the number of school-age children, and a few countries are falling back.

The most notable progress has been in the East Asia and Pacific region, where both the net and gross enrolment ratios have moved close to 100 per cent in most countries. Participation rates have improved and enrolment is more age-appropriate, reflecting

greater internal efficiencies in the education system. Steady progress in the countries of the Caribbean and Latin America has cut the number of children out of school. Similar progress has occurred for children in school in the Arab States, although the overall number of out-of-school children has increased. South Asian enrolment increases have barely kept up with the growth in the population of school-age children. Completion rates have improved in some, but not all, countries of this region, and out-of-school numbers remain high.

The region experiencing the least progress, and in some cases actual regression, is sub-Saharan Africa. War and displacement, malnutrition and disease (especially HIV/AIDS) and economic crises have reduced the availability and quality of education services in a number of countries. More than 40 million primary-school-age children in this region are not in school, and there are very large disparities – by gender, urban/rural location and other factors – within and between countries.


CEE/CIS and Baltic States 2%
Latin America and Caribbean 5%
2% Industrialized countries
East Asia and Pacific 6%
39% Sub-Saharan Africa
38% South Asia
8% Middle East and North Africa
Nearly 120 million primary-school-age children are not in school: 53% girls 47% boys

Children of primary school age not in school, by region, 1998

Source: UNICEF/UNESCO, 2001.

From a strategic point of view, certain key aspects of primary and basic education merit special attention. These include the gender dimension, education in emergencies, the relationship between child labour and education, ensuring that education includes *all* children, and improvements in quality.

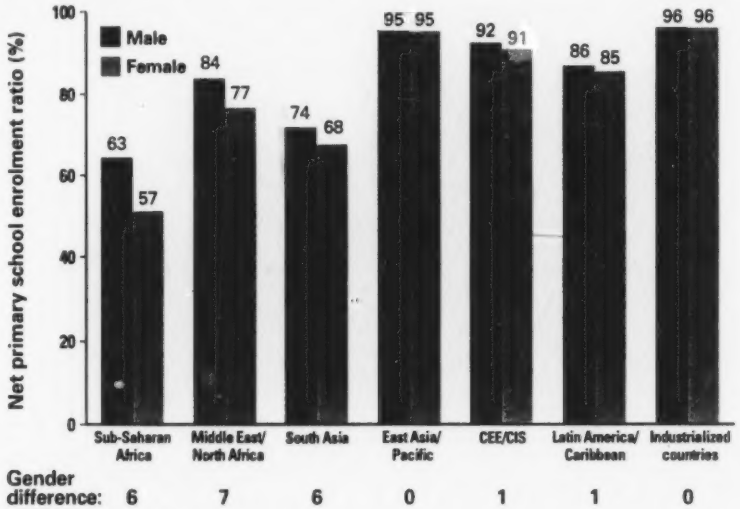
THE GENDER GAP

The 'gender gap' is the difference in school enrolment, retention and completion ratios between boys and girls – in most cases to the disadvantage of girls. The gap has narrowed significantly in recent years in the two regions where it was greatest – in the Middle East and North Africa and in South Asia – though there is still great room for progress. In sub-Saharan Africa, the gender gap has not declined as sharply over the past 10 years. Again, large disparities persist both among and within countries – the latter often hidden by national averages.

Even in countries where quantified gaps are minimal, inequalities in educational content, methods and facilities may exist, resulting in major differences in achievement. Thus the lack of an obvious gender gap can still mask great gender inequalities. In regions in economic decline, where enrolments are falling, girls may fall even further behind. Where traditional beliefs and practices remain strong, girls may be expected to

become housekeepers, child-minders and wives at an early age. There are also prejudices regarding the education of girls in male-dominated schools, violence against girls in schools and often gender stereotypes in school curricula.

Net primary school enrolment, by sex, 1999



Source: UNICEF/UNESCO, 2001.

Education and emergencies

Education must be an integral part of responses to emergencies, particularly as it can help restore a sense of stability in situations where children are likely to be traumatized. Even in the early stages of an emergency, educational needs should be identified. Improved educational response during emergencies requires more than the provision of textbooks and learning materials. Elements such as awareness of landmines, cholera prevention, environmental concerns and education for peace and reconciliation may also need to be included.

Since the mid-1990s, UNICEF, UNESCO and other partners have delivered the 'school-in-a-box' kit, containing basic education materials for up to 80 students, to over 30 countries affected by emergencies. New kits are being developed for use with very young children and to support recreation.

Increasing the access of refugee children to schooling is a key priority for many agencies, including the Office of the United Nations High Commissioner for Refugees (UNHCR). Despite limited and uneven funding support, some progress has been made in education among refugee children. In Armenia, for example, a textbook project has recently helped reduce drop-out rates among both local and refugee schoolchildren.

Child labour and education

Education is a central strategy for preventing child labour. Children tend to be involved more in work activities when education is not available or when the available form of education is not affordable, relevant or of good quality. Many children exploited through work stop going to school altogether. Others combine work and school but their ability to learn is seriously undermined by fatigue.

GIRLS' EDUCATION IS AN IMPERATIVE

WHY?

- Education is a right.
- About 53 per cent of the children denied this right are girls.
- Gender gaps are even larger in secondary school than in primary school.
- Female literacy rates lag behind those of males.
- This gender-based disadvantage multiplies the many other disadvantages disproportionately suffered by girls and women, including higher levels of poverty, malnutrition and vulnerability to HIV.

WHAT ARE THE BENEFITS?

- A right fulfilled.
- Prospects for increased income.
- Later marriage and reduced fertility rates.
- Reduced infant mortality.
- Reduced maternal mortality.
- Better nourished and healthier children and families.
- Expanded opportunities and life choices for women (including enabling them to better protect themselves against HIV/AIDS).
- Increased participation of women in development and in political and economic decision-making.

INNOVATIVE APPROACHES

Fille-à-fille in Benin
Under the girl-to-girl tutoring/mentoring effort, older primary-school girls are matched with younger girls, just entering school, who are likely to drop out.

Floating schools in Cambodia
Floating schools that accommodate the seasonal movements of populations living in boat homes have improved access to primary schooling up to grade two for both girls and boys. A second teaching shift is especially helpful to girls, who often cannot attend during regular school hours.

Girls' education/child labour in Peru
A UNICEF-supported programme helps working children who are out of school get to school and obtain a good education. So far, it has reached 30,000 girls and boys previously excluded from schools.

Complementary opportunity primary education in Uganda
As part of the national strategy for achieving universal primary education, the programme focuses on developing complementary approaches to basic education for adolescents who have missed the primary grades. It now operates in eight districts. Achievement rates tend to exceed those of students in conventional schools.

Diphalana project in Botswana
Diphalana focuses on pregnant girls and fathers-to-be who would typically drop out of school. The project provides free day care for the children of teenage girls and boys and parenting classes for young parents. This effort is a part of national policies directed at improving the situation of pregnant girls.

Girl-friendly policy in Zambia
In 1995, Zambia adopted the Declaration on Education of the Girl Child, placing special emphasis on promoting learning achievement and counselling. The Programme for the Advancement of Girls' Education, launched with support from UNICEF, is now being expanded nationally.

Community schools focusing on quality in Egypt
With about 100 schools in operation and more to be established, the community schools project is beginning to expand. Teacher training promotes gender awareness. In the project areas, girls' enrolment has increased from as low as 30 per cent to as high as 70 per cent, the attendance rate is consistently between 95 and 100 per cent and student achievement on national exams is high.

Bangladesh Rural Advancement Committee schools
Through policies aimed at attracting and retaining girls in school, Bangladesh has made enormous advances in increasing the enrolment of girls in primary school – now exceeding that of boys. The innovative efforts of Bangladesh Rural Advancement Committee (BRAC) schools, later adopted by other organizations, have been critical to this remarkable success.

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Efforts to develop more relevant school curricula – to impart both life skills and vocational skills – are an important contribution to combating child labour. Similarly, non-formal approaches to learning have provided valuable lessons for educators and those involved with working children. Such innovative approaches include a South Asian programme for children released from carpet factories that offers free food, lodging and education, and another programme that has opened schools for former bonded child labourers, compressing five years of primary education into three.

The entry into force of the ILO Convention 182 on the Elimination of the Worst Forms of Child Labour and national legislation in this area have been important developments in the last decade. A favoured strategy is the prohibition of any work that is hazardous or detrimental to the education, health or development of the child, combined with legislation making primary education compulsory and free to all. It is also vital to ensure that the age of completion of compulsory education coincides with the minimum age for entry into employment.

Including the excluded

In 1994, the Salamanca Statement and Framework for Action on Special Needs Education resolved that ordinary schools should accommodate all children, regardless of physical, intellectual, emotional, social, linguistic or other conditions. UNESCO, UNICEF, Save the Children and other organizations have developed special programmes to promote the education of children who are subjected to various forms of exclusion from society. These aim to more closely involve public authorities in the establishment of basic education and vocational training for marginalized and excluded children – in particular street children, child labourers and children with disabilities.

Poor educational quality leads to high drop-out rates and wastes public and household resources.

Quality of learners and the learning environment

The health and nutritional status of children and their readiness to learn; the quality of the school environment, teaching and learning methods; the educational content transmitted and actually received: All of these are often still grossly inadequate. Ironically, the enrolment of more children in schools in the 1990s has magnified the challenges of enhancing quality. Poor educational quality leads to high drop-out rates and wastes public and household resources.

A study done for the World Education Forum, which reviewed results of achievement tests in literacy, numeracy and life skills in some 36 countries, showed that, in most cases, students are falling well below expectations. In 19 of the 29 countries analysed, fewer than half the children were reaching a basic level of numeracy by the fourth year. Even more uncertain is the extent to which children are learning the skills and values essential for living in an increasingly complex and often risky world – such as respect for difference, conflict resolution, compromise and tolerance.

Many economically advanced and industrialized countries, which had already achieved universal primary education at the beginning of the decade, have in the 1990s acted to improve quality and to help specific groups whose members tend to perform poorly and are in various ways 'at risk'. Of growing concern are children subject to multiple disadvantages. Various grounds for discrimination – gender, race, ethnicity, religion or language – can combine to exclude children not only from school but also from later employment.

Schools that are unfriendly, unhealthy, unsafe and unsupportive of children – especially girls – contribute to the problem of school drop-outs. Children enter school in greater and greater numbers, but then many problems arise that prevent them from completing the education they require. Family needs, for labour and income, may pull them out of school, while the culture and language of the classroom all too often push them out.

Secondary and technical/vocational education

More countries are defining 'basic education' to include 9 or even 12 years of schooling and attempting to ensure that many more children achieve these levels. It is clear that more efforts must be made to keep children in school until at least the age of 15. Adolescents, especially in the critical years between the completion of primary school and the age of 15, face a multitude of risks, including early marriage. However, educational achievement varies greatly across regions, within countries and by gender. Data on non-formal approaches to education are not readily available, but gross enrolment rates for boys in secondary education range from 28 per cent in sub-Saharan Africa to 66 per cent in East Asia and the Pacific. The same rates for girls range from 22 per cent to 60 per cent.

In Western Europe and other advanced economies, including the CEE/CIS countries, the last decade was characterized by efforts to address youth and adult unemployment. Numerous programmes have been introduced in schools and vocational training institutions to improve the transition from education to working life. Unless this transition can be achieved, it is feared that social cohesion will be seriously threatened.

In many African countries, formal vocational preparation is high on the policy agenda – but youth unemployment rates are also often extremely high. With weak economies and no clear sign that the job market will grow, the effectiveness of these programmes is often questioned.

In general, the provision of education and training for young people and adults is increasing, and new partnerships have emerged among education providers, industry and community bodies. Nevertheless, coordination of the diverse programmes needs to be improved.

Lessons learned in education

Much has been learned from efforts to achieve the goals of the World Summit and the Jomtien Declaration in the past decade. Despite the sometimes disappointing numbers and achievements, much more is known about 'what works' in education than was the

case a decade ago. What were once innovative ideas and promising pilot projects have become desired reforms and national programmes. Successful approaches to particular problems – such as in girls' education and schooling for children in remote areas – have been developed, documented and disseminated. These include the following:

Specific ways to get more children into school

- Universal birth registration, to ensure that children have the documentation needed to enter school;
- Social mobilization and parental awareness of the value of education;
- School and community mechanisms to seek excluded and at-risk children and help them into school;
- Stronger school-community partnerships in school management;
- More flexible approaches to education, including multi-grade teaching, mother-tongue programmes and flexible calendars and timetables.

Specific efforts to ensure that girls have full and equal access to basic education and are able to reach the same levels of achievement as boys

- Advocacy and mobilization programmes at national and community levels;
- Programmes to eliminate cultural, social and economic barriers to girls' education (e.g. child-care programmes for younger siblings, policies allowing pregnant girls and young mothers to stay in school, elimination of school fees and, where necessary, economic incentive programmes, including for orphans);
- Nationally and locally determined policies and programmes to eliminate all forms of gender-based discrimination, including gender-sensitive curricula and teaching-learning processes, and child-friendly environments.

Comprehensive policies and programmes that enhance educational quality and promote gender sensitivity

- Quality learners – children who are healthy, well nourished, ready to learn and supported by their families and communities;
- Quality content – with relevant curricula and adequate materials for literacy, numeracy and life skills;
- Quality teaching and learning processes;
- Quality learning environments that are healthy, hygienic and safe; that promote physical as well as psychosocial-emotional health; and that protect children from abuse and harm;
- Quality outcomes that are clearly defined and accurately assessed in terms of knowledge, attitudes and skills.

Other key lessons from the past decade

- Countries can succeed, even with low incomes per capita, if they have leadership commitment, use strategic planning based on realistic goals, deploy competent personnel and promote good management skills. Botswana, Malawi and Uganda in sub-Saharan Africa, and Bangladesh and China in Asia, are examples of countries that have realized significant gains. Broad partnerships are essential for progress.

- Teachers, administrators and others working in education must be encouraged to see reforms and new strategies as their own and not as a threat.
- Improving the quality of education requires sustained, comprehensive action. Short-term, narrowly focused projects do not succeed.
- In an increasingly complex world, schools must play an important role in promoting peace and respect for diversity, family and cultures, human rights and fundamental freedoms. In situations of crisis and conflict, schools can help restore stability and a needed sense of routine to children and adults.
- In providing education, both formal and non-formal approaches are needed. Whether supported by public or private efforts, they must be developed in the context of a unified education system dedicated to providing quality education to all children.

Early childhood development

The World Summit for Children called for an expansion of early childhood development (ECD) activities, including appropriate low-cost and community-based interventions. In the decade since the World Summit, much has been achieved, though at very different rates in each country. There is, first of all, a greater understanding – among researchers and policy makers, donors and planners, practitioners and parents – of the importance of comprehensive high-quality care for young children. Early childhood care is also understood to be multidisciplinary, requiring the convergence of actions in effective parenting and health, nutrition and learning. There is far greater recognition of the fact that learning starts at birth. New scientific evidence has revealed how critically important the early years are to the quality of children's later lives, spanning the personal, social and economic spheres. The importance of parental education in the full range of care practices – in health, nutrition, hygiene and early stimulation – and of strong partnerships among families and community-based organizations is also now more evident. The gender dimension of ECD – the differential treatment of girls and boys and the process of gender socialization in the early years – is more widely recognized.

Experience shows that the best early childhood programmes deal holistically with the child's interrelated physical, intellectual and emotional needs.

Great strides have been made in some aspects of ECD, especially in the reduction of infant and child mortality and in micronutrient supplementation. But the coverage of early childhood care programmes, although increasing, is very difficult to assess due to wide differences in the definition of such programmes and the lack of visibility of many privately supported activities, such as day-care services. In general, most progress has been made among urban and privileged populations, with a focus on formal pre-school programmes. Many of these are worryingly academic and should be focused more on the needs of younger children and their families; on play-based learning; on cost-effective and high-quality family and community programmes; and on the special needs of the most vulnerable and disadvantaged children. Experience shows that the best early childhood programmes deal holistically with the child's interrelated physical, intellectual and emotional needs.

Efforts by NGOs, community groups and faith-based organizations are often the foundation of these programmes. However, more governments have recognized the need for clear policies and measures to help these initiatives grow – even if they cannot themselves provide much financial support. Thus, countries such as Jamaica, Jordan, Namibia, Nepal, the Philippines and Turkey are moving towards comprehensive policies on ECD that attempt to integrate programmes dealing with different aspects of the young child – health, nutrition, stimulation and early learning – and that include specific legislation, programmes and budgets for greater service provision, as well as regulatory frameworks and training. These and other countries are also placing much greater emphasis on providing education and support for parents, often using participatory approaches and innovative communication methods.

The absolute number of illiterates has remained at nearly 900 million over the last two decades.

Internationally, support to ECD policies and programmes has increased. During the past decade, for example, the number of ECD projects supported by the World Bank has multiplied. UNICEF and UNESCO are also promoting more comprehensive ECD programmes, as well as healthier, safer and more stimulating early education activities. Bilateral agencies and NGOs, both international and local, are also involved in ECD. Since 1984, the inter-agency Consultative Group on Early Childhood Care and Development, dedicated to

INNOVATIVE EARLY CHILDHOOD PROGRAMMES

In **Jamaica**, the Roving Caregivers programme supports teen mothers in a country where more than 20 per cent of all births are to girls aged 15 to 19. Infant day care allows young mothers to attend counselling, job training and classes focusing on both academic subjects and self-esteem. The children's grandmothers and fathers also attend special sessions on child care.

A programme in the **Philippines** provides health, nutrition and early education services to young children in marginalized communities. Involving various ministries at the national level, and extension agents and Child Development Officers at the community level, the programme helps track every child's growth; monitors access to iodized salt, micronutrients, clean water and a toilet; and counsels parents on nutrition and child development.

In **Cuba**, a national, community-based programme begun in 1992, 'Educate Your Child', provides activities both for children – such as outings to parks, cultural facilities and sports centres – and for their families, including counselling and information. This programme, which reaches a large percentage of Cuba's 0- to 6-year-olds, is a major factor in the country's educational achievements at the primary school level.

In **Namibia**, NGOs and community groups are formalizing a support network of child-care workers and home-based initiatives for improving child-care practices – both in formal facilities and at home. Community mentors attend well-managed facilities on a periodic basis and then share their experiences with other caregivers.

In **Turkey**, the Mothers' Training Programme responds to the fact that few families can afford centre-based child care. Mothers and other family members are trained to create a healthy, stimulating home environment, and a video series covering child development reaches over 80,000 of the country's mothers.

improving the condition of young children at risk, has facilitated the work of many of these groups and communication between them.

As the new decade begins, more funding at both national and international levels is becoming available for ECD; better systems to monitor programme coverage and impact are being developed; more attention is being paid to the quality of curricula, the skills and training of caregivers and the adequacy of resources and facilities; and more effort is going to overcoming the still great disparities in the provision of ECD programmes within and between countries.

LESSONS LEARNED IN EARLY CHILDHOOD DEVELOPMENT

- All dimensions of a young child's development – health and nutritional status, hygiene, and cognitive, social and emotional development – are interrelated and essential for healthy and productive lives. Each dimension must be addressed, while taking into account all the others.
- Governments have an important role to play in establishing policies and standards for all initiatives, including non-governmental and private initiatives, to meet the multiple needs of the young child and the family – and in encouraging everyone involved to address these needs.
- Increased investment in early childhood development will save both public and private funds in the long run, through lower costs for health care, greater efficiency in the education system and fewer demands on social welfare and justice systems.
- Parents and primary caregivers, and particularly poor families facing multiple stresses, need support if they are to provide the essential care and stimulation that infants and young children need to survive, grow and develop.

Adult literacy

The World Summit for Children called for the reduction of adult illiteracy to at least half of its 1990 level, with a special emphasis on reducing female literacy. The percentage of illiterates worldwide has since declined from 25 per cent to 20 per cent, which is a one-sixth reduction compared to the goal of one half.

The three largest South Asian countries together are estimated to account for nearly half of the world's illiterate adults today, compared to around one third in 1970.

Illiteracy is not a problem that can be swiftly eradicated: It is the product of a complex interplay of cultural, socio-economic and educational factors. Assessing progress in literacy is itself a complicated undertaking: The very terms used to describe literacy vary, such as early literacy, functional literacy, visual literacy and so on. There is also continuing disagreement as to how to measure literacy – whether by self-reporting, grade level achieved, literacy tests or other means.

Yet, however measured, adult literacy is critically important. Adults need to be literate and numerate for their own benefit: Their inability to read, write, count or calculate handicaps them in innumerable ways every day. In addition, illiterate parents

may not know how to encourage their children in reading, counting and other skills. End-of-decade assessments suggest that there has been some progress towards the goal of adult literacy, with modest declines in the estimated rates of illiteracy in all regions. But, given population growth, the absolute number of illiterates has remained at nearly 900 million over the last two decades.

Illiteracy is becoming more concentrated, however. UNESCO reports that in every region except the Americas women account for a growing percentage of all illiterate adults. Besides its growing concentration among women, illiteracy is also increasingly concentrated in South Asia and in the least developed countries of sub-Saharan Africa. The three largest South Asian countries together are estimated to account for nearly half of the world's illiterate adults today, compared to around one third in 1970.

The education and literacy levels of parents, mothers in particular, directly determine their children's survival, growth and development prospects.

But illiteracy is not confined to developing countries. Numerous studies in industrialized countries show that large percentages of young people and adults lack the minimum levels of literacy and numeracy needed to function effectively. This problem has intensified with the spread of the 'information age', in which, for some countries, computer-based literacy is fast becoming a basic skill.

Beyond the numbers, other trends are important. NGOs have increased their activities in support of literacy, in part because interest and investment from national governments and international agencies have not increased. There is a greater appreciation of the need to understand literacy in ways that are more contextual and user-specific. Based on this understanding, there is now greater concern to ensure that assessment tools and monitoring mechanisms are more reliable and accurate.

Lessons learned in literacy

- Illiteracy will persist – and replicate itself across generations – unless there is the political will to allocate the necessary resources to eliminate it.
- Progress has been difficult to measure because clear definitions and targets and assessment mechanisms are generally lacking.
- Formal national mechanisms to increase literacy have disadvantages, including weak coordination among major actors, unclear lines of responsibility across levels, top-down strategies, conservative approaches and bureaucracies. Nevertheless, the experience of China and Indonesia shows that concerted and sustained activities, even using such mechanisms, can produce progress.
- The strong involvement of NGOs and grass-roots organizations, especially those formed by women, and the use of community- and district-level structures are important for the reduction of illiteracy.
- Adult literacy programmes will not work where they remain isolated interventions, with little follow-up, divorced from the mainstream of education reform and innovation.
- The education and literacy levels of parents, mothers in particular, directly determine their children's survival, growth and development prospects.

Knowledge, skills and values required for better living

The World Summit for Children called for *increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all education channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.*

The past decade has seen significant advances in the use of communication to help achieve desired outcomes for children. During the last few years in particular, there has been a marked shift in communication approaches, with added emphasis on the involvement of communities that were once defined as 'beneficiaries'. They are now recognized as full partners, together with governments and civil society organizations, in initiatives seeking to improve the well-being of communities and children.

New information and communication technologies have great potential to disseminate knowledge, improve access to learning among remote and disadvantaged communities, support the professional development of teachers, enhance data collection and analysis and strengthen management systems.

Communication strategies are being developed far more systematically, involving participatory research and assessment, planning, implementation, monitoring and evaluation. In addition to using techniques of media communication and social marketing, innovative ways of using different media at all levels of society were effectively developed over the decade, as with the Meena Communication Initiative in South Asia. This was particularly successful in engaging and involving children, thereby developing from an early age core values such as gender equality and the need for all children to have an education.

MEENA: AN ANIMATED APPROACH TO GIRLS' EMPOWERMENT

At the start of the decade, the Governments of Bangladesh, India, Nepal and Pakistan designated the 1990s the 'Decade of the Girl Child'. In support, UNICEF developed the Meena Communication Initiative, a mass communication project aimed at changing the perceptions and behaviour that hamper the survival, protection and development of girls in the region. Gender, child rights and educational messages are spread through a multimedia package that includes animated films, videos, radio series, comic books, posters, discussion guides, folk media (puppets, songs and drama), calendars, stickers and other materials.

The main character is Meena, a young girl whose experiences expose the discrimination against girls and women and offer positive insights from which families and communities can learn. Meena is full of vitality and dynamism, emphasizing a positive view of the girl child, not as a victim but as a person with potential. Specific topics are identified through field research and reflect the rights and priority needs of the girl child, including her education, development and health; they also convey life skills that enable girls to assume control over their own lives.

Evaluations of the Meena project have been overwhelmingly positive. People have embraced the series, not only for the novelty of the electronic medium but also for its strong educational value. In a study done in Kathmandu by Save the Children, Meena was the favourite role model for street children. In Dhaka, more than 50 per cent of those interviewed knew who Meena was and what she stood for. A similar initiative – Sara – was launched in eastern and southern Africa in 1995, to equal success.

EXTENDING TECHNOLOGIES TO IMPROVE ACCESS TO LEARNING

New information and communication technologies have great potential to disseminate knowledge, improve access to learning among remote and disadvantaged communities, support the professional development of teachers, enhance data collection and analysis and strengthen management systems. They also provide opportunities to communicate across classrooms and cultures. Although these channels may not reach children in the most disadvantaged and marginalized communities, they can and do reach those agencies and individuals – including service providers and many NGOs – that do have access to such children.

The challenge ahead is thus to reduce the 'digital divide' – disparities in access to new technologies. Policies and strategies must focus on these and other inequalities, particularly in the parts of the world plagued by persistent poverty, conflict and discrimination.

Evolution of education policies and strategies during the 1990s

When the Plan of Action of the World Summit for Children was being prepared, strategists were convinced that, as with efforts on primary health care and child survival in the previous decade, there was a need for an intervention that could rapidly overcome the many obstacles to progress in basic education. Going all out for universal primary education was to be just such an approach, particularly in sub-Saharan Africa and South Asia.

Strategies to achieve universal primary education included:

- Setting goals and developing strategies in each country;
- Setting and assessing learning-achievement levels;
- Giving priority to girls and women and other disadvantaged groups;
- Promoting elements such as ECD, use of mass media and other means of effective communication to complement primary education and adult literacy efforts;
- Mobilizing all organized elements in society – young people and women's organizations, trade unions, religious bodies, social and cultural organizations, professional groups, cooperatives and industrial enterprises – to put basic education high on the national agenda.

Achieving the goal of universal access to basic education was considered an ambitious but affordable proposition. Countries were already spending more on primary education than on any other basic social service. The United Nations and the World Bank estimated that some $83 billion a year (in 1995 dollars) was already being spent on primary education and that the additional cost of achieving universal coverage was $7 billion to $8 billion per year – roughly the cost of three nuclear-powered submarines.

Less than 2 per cent of international aid goes to primary or basic education, and the major recipients of aid for education are not the least developed countries.

Some countries, especially in East Asia, have made and sustained the necessary

investments and have succeeded in raising primary school enrolment to near universal levels. Overall, however, levels of investment in basic education have been disappointing, especially in sub-Saharan Africa and South Asia.

In addition, most international aid for education goes to university-level education. Less than 2 per cent of international aid goes to primary or basic education, and the major recipients of aid for education are not the least developed countries. Aid for basic education has increased only slightly as a proportion of all aid to developing countries.

Over the past decade, the World Bank has become the single largest source of international financial support for basic education. The Bank's targets for the 1990s included doubling the size of its education lending, increasing technical assistance and lending specifically to basic education and building partnerships around these endeavours. Subsequently, at the Fourth World Conference on Women in 1995, the Bank increased its commitment to supporting girls' education. World Bank lending for basic education now places more emphasis on raising children's learning achievement. It supports inputs such as better-quality textbooks and instructional materials, improved teacher training, and school health and nutrition programmes.

Responding to public pressure, the Bretton Woods institutions have made greater efforts in the past 10 years to protect basic education from the reductions in public sector expenditure that often accompany financial stabilization programmes. However, the goal of universal primary education has been compromised in a number of countries that were obliged to reduce overall social development spending, at least temporarily, in order to qualify for international lending assistance. This, coupled with a crippling debt burden, has made it impossible for many least developed countries and even some middle-income countries to increase educational spending as much as they otherwise might have done. Basic salaries for teachers, classroom materials and school maintenance have all tended to suffer – and the quality of teaching and learning as well.

During the 1990s, reform packages in some countries led to the introduction of user fees where basic education had previously been free. This directly contradicts the commitments to free and compulsory primary education in the Convention on the Rights of the Child.

During the 1990s, reform packages in some countries led to the introduction of user fees where basic education had previously been free. This directly contradicts the commitments to free and compulsory primary education in the Convention on the Rights of the Child. Experience in several countries in Africa shows that fees can be a formidable obstacle for poor families. In one East African country, cuts in educational spending related to its fiscal stabilization programme caused a dramatic rise in school drop-out rates, from near zero in 1979 to around 40 per cent in the mid-1990s. A neighbouring country found that, after it eliminated a modest school fee and compulsory school uniforms in 1994, primary enrolment soared by about 50 per cent from one school term to the next.

The right of children to free and compulsory primary education of good quality was clearly recognized by the World Education Forum, which took place in April 2000 in Dakar, Senegal. Those excluded from education – both from school and, within classrooms, from learning – are drawing greater attention. There is a better understanding of multiple disadvantages (such as being a girl and poor and working), of the causes of exclusion and of the value of flexible, non-formal approaches to reaching the excluded. The United Nations Girls' Education Initiative is a result of this heightened sensitivity.

Over the 1990s, the quality of education became a central concern. Enrolment in and completion of a certain number of years of schooling are not enough. Goals in these areas cannot be separated from concerns about the quality of education. The decade saw heightened emphasis on defining and measuring what exactly children should be learning. Educational quality is now understood to encompass:

- The health, nutritional and developmental status of children entering school and in school;
- The quality of educational content, teaching-learning processes and achievement outcomes;
- The quality of the school's environment for learning – the extent to which it is safe, healthy, protective and, above all, focused on the best interests of the child.

Priority actions for the future in education and literacy

Basic education

Government and civil society must work in partnership to develop Education for All (EFA) policies and link them to poverty reduction and broader development strategies. They must mobilize sufficient resources to ensure the provision of free primary education for all children. Countries must progressively but urgently seek to realize the right of all children to secondary education as well.

The wider international EFA partnership of governments, NGOs and development agencies should both expand and accelerate efforts. New efforts, such as the United Nations Girls' Education Initiative and the Focusing Resources on Effective School Health (FRESH) initiative, as well as inter-agency networks on education and HIV/AIDS and on education in emergencies, must be further developed. The 20/20 Initiative and debt-relief efforts in favour of social development have to be advanced.

The plight of education systems affected by conflict, natural disasters and instability – and, increasingly, by HIV/AIDS – must be urgently addressed.

Education planners have a responsibility to find the children who are not in school and to design programmes to include every child in education, guided by the principle of the 'best interests of the child'.

Specific targets should be set for the enrolment and educational achievement of

girls in countries and districts where the gender gap is significant. Integrated plans for achieving gender equality in education should be developed that recognize the need to change attitudes, values and practices.

The capacity for measuring and monitoring standards of achievement, both in literacy and numeracy, and also in a broader range of knowledge, skills and attitudes, needs to be built. Efforts to improve quality must go beyond the essentials of good, clean classrooms with adequate texts and trained teachers, to embrace children's readiness to learn and the necessity of providing schools that are safe environments for children.

Teachers are key to a quality education. They must have the recognition, the professional support and the remuneration necessary to enable them to do the job they need and want to do – and to feed and clothe their own families.

The plight of education systems affected by conflict, natural disasters and instability – and, increasingly, by HIV/AIDS – must be urgently addressed. Education must be part of the initial response within any programme of humanitarian assistance. Education systems and schools should play a larger role in preventing HIV/AIDS and in responding to its devastating impact on children, their families and their learning.

New information and communication technologies should be harnessed in such a way as to reduce rather than increase disparities in access and quality.

Early childhood development

The multiple needs of the young child must be met through more integrated approaches to ECD in parent and caregiver education, programming and policy-making. Even greater attention should be given to children aged 0-3 years and to their stimulation and early learning.

Programmes must be comprehensive, focused on the child, gender sensitive, centred in the family, based in the community and supported by national policies. Governments should establish clear policies in relation to young children and their families, leading to increased resources and an effective division of responsibility among government agencies and between them and civil society.

Special attention must be given to the development of the most disadvantaged and vulnerable young children, especially girls, children of minority groups, displaced children and orphans.

Better methods of monitoring and assessing the effectiveness of public programmes and local initiatives for young children need to be developed.

Adult literacy

Targets for the reduction of illiteracy must be clearly defined, and better indicators, assessment mechanisms and databases put in place.

Civil society organizations should be encouraged to sustain their involvement in literacy programmes, and governments and development agencies should strengthen their partnerships with them.

Literacy programmes should be an integral part of broader education action plans and should form part of sector-wide planning approaches.

Children's protection and civil rights

Children not only have rights to health, nutrition and education, they have rights to protection, freedom from violence and exploitation, and to "a safe and supportive environment." The seventh major goal of the World Summit for Children called for the *protection of children in especially difficult circumstances, particularly in situations of armed conflict,* but this goal was not well defined at the time. According to the Plan of Action, children in especially difficult circumstances included orphans and street children, refugee or displaced children, child workers, children trapped in prostitution or sexual abuse, disabled children and delinquent children. In the decade since, a much clearer understanding has developed of the issues central to protecting children and guaranteeing their civil rights.

A child's first line of protection should be the family.

Role of the family

A child's first line of protection should be the family. As the World Summit Plan of Action states, *For the full and harmonious development of their personality, children should grow up in a family environment, in an atmosphere of happiness, love and understanding. Accordingly, all institutions of society should respect and support the efforts of parents and other care-givers to nurture and care for children in a family environment.* The Convention on the Rights of the Child includes similar provisions.

Many countries, even those with economic difficulties, provide some financial assistance to at least the most needy families. Day care is an important form of support, for example, especially for families in which one or both parents are employed. In many countries, safety nets ensure the right of all children to medical services, education and adequate nutrition when the family is unable to pay. Parent education and counselling programmes also help parents provide their children with a safe and nurturing environment and meet the challenges of raising children in a rapidly changing world.

But in other countries, families receive little or no support. A critical situation exists, for example, in countries where the shock of structural adjustment or economic transition has stoked poverty and unemployment while leaving the government with less money to provide an effective safety net. Children are also at greater risk in countries where, in the absence of effective public programmes, informal community-based mechanisms are the only available sources of support.

Adverse economic conditions not only undermine the ability of parents to provide children with living conditions that are conducive to healthy development but also strain the stability of the family itself. Many countries report increases in the number of children living with one parent or in unstable arrangements as a result of economic hardships, HIV/AIDS, armed conflict, divorce and abandonment. Such families are disproportionately affected by poverty, often due to discrimination against women in employment. The role of the extended family, and its ability to support the raising of children, is also diminishing in many countries. This phenomenon has been accelerated by the HIV/AIDS pandemic, especially in sub-Saharan Africa where several countries report that the number of children orphaned by AIDS has outstripped society's

capacity to offer any form of alternative care, leaving growing numbers of children to fend for themselves.

One favourable trend is the decline in female fertility in every region of the world. This is important not only because of the benefits of birth spacing for child and maternal health but also because smaller family size enhances the ability of parents to provide their children with conditions conducive to healthy development. The decline in the fertility of girls aged 15 to 19, also reported by many countries, has positive consequences for the education, development, equality and other basic rights of the adolescent girl.

Despite their key role in nurturing, supporting and protecting children, families all too often fail to offer this ideal environment. In extreme cases – such as situations of sexual abuse and child trafficking – they are part of the problem for children, rather than the solution.

According to WHO, each year 40 million children under the age of 15 are victims of family abuse or neglect serious enough to require medical attention. Social mobilization around child-rights issues during the decade has led to a much greater recognition of the magnitude and urgency of this problem, and new initiatives to address physical and sexual abuse have been taken in many countries. Some of these protect children, while others protect women and girls. Violence against women and children is related: Violence against mothers has serious psychological consequences for children in the household, contributes to the disintegration of families and perpetuates the cycle of violence. Girls are not the only victims, however; the victimization of boys is also widespread. Important measures are now being taken to counter this kind of domestic abuse, such as awareness programmes for children, telephone hotlines and shelters for children who are fleeing abuse; legal reform, including heavier penalties for those responsible; obligatory reporting of abuse by professionals; restrictions on the employment of convicted offenders; new procedures to protect child victims from the ordeal of giving testimony directly in criminal investigations and trials; and sensitization of police and prosecutors. All comprehensive programmes include a component designed to provide victims with psychosocial and, if necessary, medical assistance. Many governments cooperate closely with NGOs in this area.

Children deprived of a family environment have the right to special protection, assistance and alternative care.

Children deprived of a family environment have the right to special protection, assistance and alternative care. Placing children in institutions should be avoided and done only as a last resort. In the past, too many children were institutionalized unnecessarily. Sometimes this was due to poverty, because parents felt that it was the only way to ensure that their children would be fed, clothed and sheltered. At other times parents felt unable to deal with their child's disability or had to relinquish the child due to social stigma. This underscores the importance of providing families in difficult circumstances with the support they need to shoulder their responsibilities, an approach that both respects the child's right to a family environment and is more cost-effective.

Over the decade, recognition of the principle that children should only be institutionalized as a last resort increased substantially. In some cases, legislation has

been revised to incorporate this principle; in others, the emphasis has been on increasing the availability of alternatives such as guardianship and foster care. Countries are also increasingly working on the presumption that when a child has to be separated from the family, it should be on a temporary basis, with every effort made to address the underlying causes so that the child can return.

In some parts of the world, however, the issue is not excessive reliance on institutionalization. The problem is over-reliance on informal or traditional forms of adoption or fostering, or on private child-care institutions or international adoption networks, which, as a result of the weakness of the public sector, frequently operate in a legal vacuum with little or no supervision. There has been growing recognition that while these networks and groups can make an important contribution to providing alternative care, the competent authorities must take steps to ensure that they operate in ways that are guided by the best interests of the child and are compatible with the full range of children's rights.

Priority actions for the future on the family

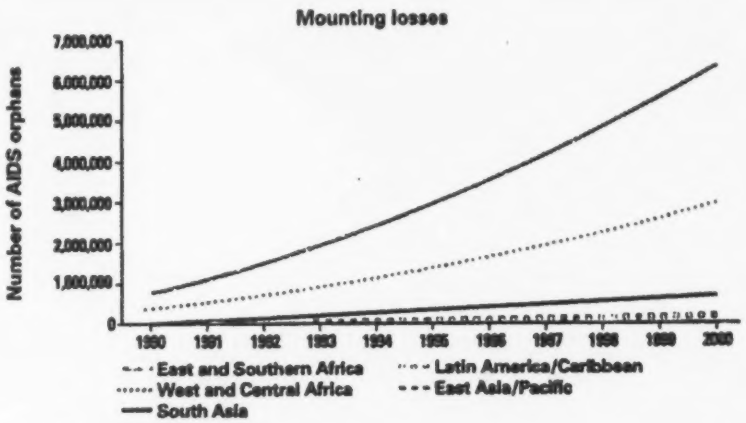
- Strengthen programmes to support families in their child-rearing responsibilities, including through parent education and counselling.

The plight of AIDS orphans

The global devastation of HIV/AIDS is cruelly depriving millions of children of the chance to live, grow and develop in the caring and supportive environment of their families. Some 2.3 million children under 15 became orphans in 2000 due to AIDS-related deaths – one every 14 seconds. At least 10.4 million children currently under age 15 have lost their mother or both parents to AIDS. Even if no new infections occurred after the year 2001, the proportion of children orphaned would remain disproportionately high until at least 2030. The situation in sub-Saharan Africa is especially acute.

The rapid increase in the number of orphans is placing ever greater stress on already overbur-

Number of children under age 15 who lost their mother or both parents to AIDS, 1990-2000



Source: UNAIDS/UNICEF, 2001.

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- Ensure the development of comprehensive national programmes for the prevention, detection and treatment of neglect and physical or sexual abuse of children.
- Ensure that all children deprived of a family environment have access to appropriate forms of alternative care where their rights are fully safeguarded.

Civil rights and freedoms

The World Summit Declaration made it clear that *all children must be given the chance to find their identity and realize their worth in a safe and supportive environment.* It further recognized that children should, from their early years, be encouraged to participate in the cultural life of their societies, and it appealed to children to act as special partners in meeting the challenge of the Summit goals.

LEGAL PROTECTION OF CHILD RIGHTS

By the end of 1997, all but two countries had ratified the Convention on the Rights of the Child. In addition, many States parties to the Convention continue to remove reservations that they had initially registered. No other human rights instrument has

dened communities and families. The impact of AIDS is also straining government capacity to provide assistance, deliver services and ensure that the rights of all children are met. Studies in countries in eastern and southern Africa show that an orphaned child is more likely to be malnourished, sick and/or out of school than are other children. Orphans under age five are at special risk of neglect. They may be malnourished through lack of breastfeeding and limited availability of alternative foods, and sick because caregivers lack the time or knowledge for proper care.

A parent's death increases a child's vulnerability to abuse and exploitation. Orphans are more likely than are other children to be sexually abused, pressured to marry at a younger age or forced into the workplace to ease the financial burden on their guardian. Orphans and widows are often disenfranchised within their extended family and lose their inheritance and other legal entitlements upon the death of a husband and father. Orphans and other children affected by HIV/AIDS are more likely to work in exploitative situations; to be at risk of violence, abuse and neglect; or to be in conflict with the law. In many cases, orphans are forced to form 'child-headed households', assuming adult roles and responsibilities at an early age. Others eke out a living on the streets. Such children, especially girls, are at particular risk of sexual exploitation and HIV infection.

Families and communities are the primary social safety nets for orphaned and vulnerable children, and countless examples around the world show how communities are mobilizing to meet the problem. However, the sheer scale of the orphan crisis is overwhelming, and governments, NGOs, civil society and faith-based organizations, international agencies and donors are grappling with how to take action on a wider scale. From the global process of consultation and debate stimulated by the Durban AIDS Conference in 2000, a set of guiding principles for such efforts has emerged. These highlight the need to reinforce the caring and coping mechanisms of families and communities; enhance linkages among AIDS prevention activities, home- and service-based care, and support for orphans and vulnerable children; include AIDS orphans within the broader spectrum of vulnerable children targeted for assistance, paying special attention to gender issues; involve children and adolescents as part of the solution; strengthen the role of schools; and vigorously combat stigma and discrimination.

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amassed such a level of support in so short a time. The Convention has helped inspire the development of other international human rights standards, including the Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography, and new standards for intercountry adoption, child labour and juvenile justice.

There have been significant developments at the regional level as well. In 1990, the Organization of African Unity adopted the African Charter on the Rights and Welfare of the Child, the first regional charter of its kind, entering into force in 1999. The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (the Convention of Belém do Pará) entered into force in 1995, and the European Convention on the Exercise of Children's Rights came into effect in 2000.

At the national level, many new constitutions have included provisions explicitly guaranteeing children's rights, while existing constitutions have been amended to incorporate such rights. Countries worldwide have also undertaken reforms to bring their national legislation and codes into closer conformity with the principles and provisions of the Convention on the Rights of the Child. Many of these initiatives follow the recommendations by the Committee on the Rights of the Child and have included:

- Laws to protect children from discrimination, especially in access to education and in the acquisition of citizenship and nationality;
- Increased legislative focus on the protection of children from violence, including within the family, and the prohibition of corporal punishment;
- Legislative measures for the care of children separated from their parents, often focused on reducing reliance on institutional care, establishing adoption procedures and fostering systems, and regulating intercountry adoption;
- Actions to counter harmful traditional practices, including laws prohibiting female genital mutilation (FGM) and early and non-consensual marriages;
- Laws raising to 18 years the minimum age for recruitment into military forces;
- New laws to prohibit child prostitution, child trafficking and child pornography;
- Labour laws setting minimum ages for employment, prohibiting the worst forms of child labour, recognizing the role of education as a key preventive measure and regulating working conditions;
- Specialized juvenile-justice systems, setting minimum ages for criminal responsibility, requiring due process, viewing the deprivation of liberty increasingly as a last resort and ensuring the separation of juveniles from adults in detention centres.

Several areas of national law reform increasingly have involved international cooperation, as reflected in extraterritorial legislation on sexual exploitation and trafficking, and in bilateral and regional agreements to combat the sale of children.

For all of these positive developments, the process of reshaping national laws for the full protection of children's rights has only begun. There is a continuing need to ensure that new laws reflect the provisions and principles of the Convention, especially those of non-discrimination, participation and the best interests of the child. Law enforcement officials, the judiciary, teachers, child welfare professionals and others

INDEPENDENT OFFICES TO MONITOR, PROMOTE AND PROTECT CHILDREN'S RIGHTS

Ombudspersons for children were established in at least 40 countries during the 1990s. They are largely concentrated in Europe, but many are present elsewhere, including in Costa Rica and Tunisia.

In Europe, the establishment of such independent offices has been strongly promoted by the Council of Europe, whose European Strategy for Children proposes the appointment of a commissioner (ombudsperson) for children or an equivalent independent structure.

The European Network of Ombudsmen for Children was established in 1997 to link independent European human rights institutions. Its aim is to encourage the fullest possible implementation of the Convention on the Rights of the Child, to support collective advocacy for children's rights, to share information, approaches and strategies on the improvement of the situation of children and to promote the development of effective independent offices for children.

Further assessment is needed of the work carried out by independent institutions, both to better understand how they can improve children's lives and to inform the establishment of new ones. Standards for such institutions should be developed, building on the Paris Principles Relating to the Status of National Human Rights Institutions, adopted by the UN General Assembly in 1993.

who work with children need to be trained and supported to fully understand the content and significance of new laws and regulations, to develop commitment to the changes involved and to apply them. Children and adults alike need to be made aware of new laws and the remedies and procedures made available through them.

RIGHT TO NAME, NATIONALITY AND IDENTITY

During the 1990s, there was growing awareness of the importance of prompt birth registration as an essential means of protecting a child's right to identity, as well as respect for other child rights. Failure to register births promptly has been linked to the trafficking of babies. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school. Later in childhood, identity documents help protect children against early marriage, child labour, premature enlistment in the armed forces or, if accused of a crime, prosecution as an adult.

Some countries have achieved universal registration, while several others have significantly increased the proportion of births registered. The most effective measures have included mobilization campaigns with the active participation of civil society; the elimination of registration fees; the removal of legal or administrative obstacles such as the requirement that the child's parents present their identity papers; and the registration of children in the health facilities where they are born. Nevertheless, it is estimated that over 50 million births each year remain unregistered – with nearly three out of four births unregistered in sub-Saharan Africa.

Discrimination on registering births persists in some countries. Hundreds of thousands of children are stateless as a result of discrimination against women or against ethnic, religious or national minorities. Some countries have amended their laws to allow women as well as men to pass citizenship on to their children, and others now recognize the nationality of persons belonging to minorities. Many have changed relevant provisions in their constitutions and enacted legislation to ban

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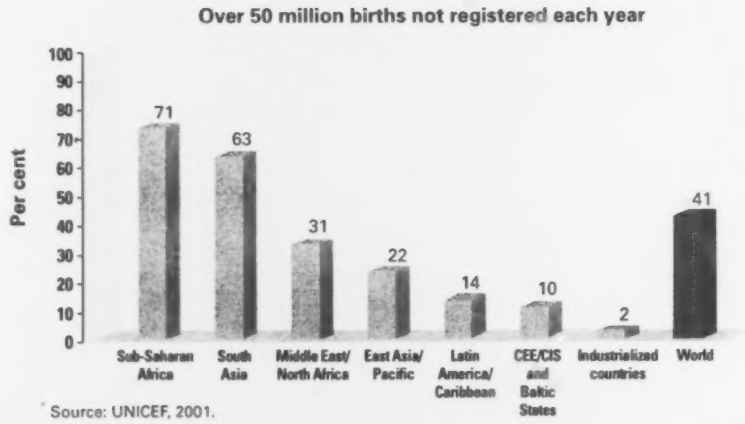
Percentage of births not registered, 2000



Source: UNICEF, 2001.

discrimination on the basis of birth, including the use of names that stigmatize. A major effort is needed in the coming years to ensure that this process is extended everywhere and benefits all children.

Freedom from violence

The safety and security of children, in particular girls, and of women continues to be denied by a global eruption of violence in which they are killed, tortured or maimed.

A prime example is female genital mutilation (FGM). WHO estimates that 2 million girls are at risk of FGM annually.

At least 9 of the more than 30 countries in which FGM is endemic have enacted laws prohibiting it, and some 20 have organized public campaigns aimed at eradicating the practice. In a joint initiative, WHO, UNICEF and UNFPA have outlined strategies to eliminate FGM and encouraged government and community efforts to promote and protect the health of women and children. In Africa, parliamentarians, government officials and members of the Inter-African Committee on Traditional Practices have called for national legislation condemning FGM. Despite political resistance in some places, recent gains have been made in combating FGM through the involvement of young people, religious and community leaders and even former practitioners.

In other efforts to protect the dignity and physical integrity of children, countries in Africa, Asia and Europe have adopted legislation or regulations outlawing corporal punishment. Such punishment has been prohibited in the school system and in institutions, as well as in the juvenile-justice system, and information campaigns have promoted changes in caregivers' attitudes and behaviour.

Suicide is also receiving greater attention. Some 4 million adolescents attempt suicide annually, at least 100,000 successfully. The prevalence of suicide and other self-destructive behaviours, such as drug and alcohol abuse, underscores the necessity for programmes designed to address adolescents' needs.

Child participation

The growing recognition of children's right to participate, in accordance with their evolving capacity, in local or national decision-making processes and to contribute

to the development of their own societies has been among the most significant advances of the last decade. Children's substantive participation in the national, regional and international processes of preparing for the Special Session on Children embodies this trend. In every region of the world, there are numerous other examples, including participation in parliaments, municipal councils and student associations. Such participation needs to be further developed in the coming decade and successful experiences shared. The views expressed and proposals made by children now need to be followed up formally, and adults need to learn to give them due weight, not least within legal and administrative proceedings.

Participation is closely linked to freedom of expression, including the rights of access to information and freedom of association. The worldwide effort to make children of different ages aware of their rights and opportunities – an effort that was called for both in the World Summit Declaration and in the Convention on the Rights of the Child – has been key to promoting children's participation. Their participation has been greatly enhanced by the spread of new technologies, most notably the Internet.

Priority actions for the future on civil rights and freedoms

- Ensure that all children are registered at birth, and that other necessary measures are taken to protect every child's right to identity.
- Strengthen strategies and mechanisms to ensure children's participation in decisions affecting their lives within the family, the school or the community, and to ensure they are heard in legal and administrative proceedings concerning them.
- Promote awareness of child rights among children and adults, and foster changes in attitudes and values that undermine respect for the rights of children, especially those that result in violence against children.

Special protection measures

The Plan of Action of the World Summit for Children called for the *protection of children in especially difficult circumstances,* meaning orphans and street children; refugees and displaced persons; victims of war and disasters; children of migrant workers and other disadvantaged groups; child workers; children trapped in prostitution, sexual abuse and other forms of exploitation; disabled children; delinquent children; and victims of apartheid and foreign occupation. Special attention was given to child labour, illicit drug use, the abuse of alcohol and tobacco, and the protection of children during armed conflicts. Although the goal of protecting children in especially difficult circumstances was ill-defined at the time, debate and action since have clarified thinking and helped define appropriate strategies.

Child labour

The 1990s saw child labour gain in international prominence. This was mainly due to the rising interest in human rights generally – and child rights in particular – and the related movement for fair labour standards in the increasingly global economy.

CHILDREN AND YOUNG PEOPLE SPEAK OUT THROUGH OPINION POLLS

Opinion polls conducted recently in a number of regions have given voice to children and young people on issues that concern them. In **Latin America and the Caribbean**, the results of a regional survey of some 12,000 young people aged 9 to 18 featured prominently at two major meetings in 2000: the Fifth Ministerial Meeting on Children and Social Policy in the Americas and the Tenth Ibero-American Summit of Heads of State. In 35 countries of **Western Europe, CEE/CIS and the Baltic States**, the results of a survey of over 15,000 9- to 17-year-olds were presented in Berlin in May 2001 at the first-ever Intergovernmental Conference on Children in Europe and Central Asia. In **East Asia and the Pacific**, the results of a survey in 17 countries and territories covering 10,000 children and adolescents aged 9 to 17 were presented in Beijing in May 2001 at the region's Fifth Ministerial Consultation on Shaping the Future for Children. The similarities in the results of these surveys are striking.

LATIN AMERICA AND THE CARIBBEAN

The **importance of family** is recognized both as a source of values and as a wellspring for emotional and physical well-being. But over a quarter of respondents live in households **without a paternal presence**; another quarter report aggressive or violent behaviour at home; and nearly half feel their views are not heard when conflicts arise. Young people clearly **value education**, successful school performance being a primary concern for about a third of them. Over four out of five **rate teachers positively**, yet nearly half feel **constrained in expressing their problems and needs** in school. About a third feel they **are not well informed** about sex education, HIV/AIDS and drug abuse prevention. Peer-group relationships and organized groups are generally regarded as positive and respectful. **Awareness of rights** is widespread, but more information on the full spectrum of rights is needed. Over three quarters of young people believe their lives will be better than those of their parents. At the same time, respondents are split evenly between **optimism and pessimism over the future of their countries**. Young people feel a **deep sense of empathy and concern** for victims of natural disasters, child hunger and poverty, war, child abuse, delinquency and violence. Parents, the Church and teachers are highly rated on **measures of trust**, but government institutions were cited as trustworthy by less than a third of respondents, who also feel government attaches limited importance to youth. Young people in the region call on adults to give them more space, respect, better treatment and care, while government institutions are asked to keep their promises and do more to help the poor. The region's children dream of a country inhabited by good people, without crime, drug addiction, alcohol abuse or pollution of the

As the ILO has stressed, child labour seriously hinders education and the acquisition of necessary skills, reducing lifetime earning potential and preventing upward social mobility. Child labour also impedes long-term economic development by reducing the pool of skilled, educated people necessary for a country's development.

International standards on protecting children from child labour were greatly strengthened over the decade. The Convention on the Rights of the Child helped enhance existing ILO standards by recognizing children's right to protection from *economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.* It also promoted the best interests of the child as a guiding principle. In 1999, the unanimous adoption of ILO Convention 182 on the Elimination of the Worst Forms of Child Labour gave expression to a global con-

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environment, and with good economic prospects, peace and social equality for all. *(Voices of Children and Adolescents in Latin America and the Caribbean, UNICEF Regional Office, May 2000)*

Europe and Central Asia

Some of the results here reveal strongly divergent views among children from wide-ranging socio-economic and cultural backgrounds, as is to be expected in such a large and heterogeneous grouping of countries. Others, however, reveal many common themes and shared concerns among the children of Europe and Central Asia. These include: **the importance of family and education**; closer relationships with mothers than with fathers; recognition of **unfair treatment of children** from poor families and ethnic minorities, as well as those with disabilities; widespread **disaffection with government** and doubts about the efficacy of voting; a relatively high prevalence of **aggressive behaviour** at home; concerns about neighbourhood safety; **insufficient information** regarding rights, sexual relations, HIV/AIDS and drugs; and **the lack of a say in decisions affecting their lives**. Children's **top six demands** on the governments of Europe and Central Asia are to: do more to improve the quality of education; create more cultural, sports and leisure-time opportunities; improve social security systems; raise living standards; heighten safety; and ensure respect for children. *(Preliminary results of polls sponsored by UNICEF, with the Organization for Security and Cooperation in Europe (OSCE), Office for Democratic Institutions and Human Rights, April 2001)*

East Asia and the Pacific

Among the major findings in this region are **strong identification with the family** as the source of values, security and support; **attaching importance to school**; optimism about their personal futures, coupled with a less optimistic outlook on the future of their communities; and a **moderate awareness of rights** in general, accompanied by limited awareness of specific rights. A substantial percentage of children say their feelings and opinions are not taken seriously in their homes and communities. A quarter of respondents report **violence or aggression** in the home, and a similar proportion feel **insecure in their communities** at night. More than a third report having tried **smoking**; one in five have tried **alcohol**; and a quarter or more report knowing children their own age who are addicted to these substances. **Knowledge of HIV/AIDS** and its prevention varies enormously among youth in the region, and much misinformation exists. Half of respondents' **expectations of government** focus on education; others include the creation of **good living environments**, stronger policies on **child protection** and improved access to **health care for children**. *(Preliminary results of a survey carried out by UNICEF, with support from UNAIDS and UNICEF National Committees, May 2001)*

sensus that certain forms of child labour are intolerable, regardless of a country's level of development or traditional beliefs. The ILO Convention recognizes the decisive role of education in preventing child labour, as well as in the rehabilitation of children removed from its worst forms.

The World Summit for Children helped inspire the International Programme on the Elimination of Child Labour (IPEC). Launched by the ILO in 1992 in six countries, IPEC had nearly 100 participating and donor countries by 2000 and has become a global partnership between governments, employers, trade unions and NGOs.

Many of the initiatives of the 1990s focused on child labour in specific industries. The most prominent of these were the Rugmark initiative, covering carpet exports in South Asia, and agreements reached to eliminate child labour from the

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Bangladesh garment industry in 1995 and from the soccer-ball-stitching industry in Pakistan in 1997. These and other initiatives were largely stimulated by consumer concern in industrialized countries about fair labour standards and ethical purchasing by companies – concerns that led, in some cases, to transnational companies developing their own codes of conduct.

But while most international attention during the 1990s was focused on the formal and export sectors, only 5 per cent of child labour is found in those sectors. An estimated 70 per cent of children in developing countries work far from public scrutiny in agriculture and the informal sector. The invisibility of the bulk of child labour – including work in the informal sector or in the family – represents a serious challenge and is compounded by the clandestine nature of such practices as trafficking.

More fundamentally, child labour needs to be placed on the agendas of finance and planning ministries, going beyond the portfolios of education and labour alone. More emphasis should be placed on prevention, with linkages made between the global efforts to end child labour and those to ensure education for all, which are now recognized as two sides of the same coin. Finally, we need to listen to children: The Global March against Child Labour, organized in 1998 to build momentum for the adoption of ILO Convention 182, shows the potential that exists for transforming children from objects to agents of change.

Priority actions for the future on child labour

- Promote awareness of children's right to protection from economic exploitation, with a view to eliminating the worst forms of child labour.
- Implement existing international standards at the national level, backed by the necessary resources.
- Ensure the right to education for all children, including universal and free access, quality of content and high learning achievement.
- Make child labour more visible by strengthening data collection, analysis and dissemination.
- Provide the support needed to enable poor families to educate children through community-based programmes that make quality education affordable.

CHILDREN AFFECTED BY ARMED CONFLICT

When the World Summit for Children convened in 1990, the cold war had recently come to an end and there was great optimism about a new era of peace. The leaders gathered at the Summit solemnly promised: *We will work carefully to protect children from the scourge of war and to take measures to prevent further armed conflicts, in order to give children everywhere a peaceful and secure future.* The Summit anticipated a 'peace dividend' and stated that: *The current moves towards disarmament also mean that significant resources could be released for purposes other than military ones. Improving the well-being of children must be a very high priority when these resources are reallocated.*

Regrettably, this peace dividend never materialized. World military expenditures did decline during the first half of the 1990s, but the savings were not, by and large, invested in children. And instead of a new era of peace, the world was plunged into a

decade of ethnic conflict and civil wars that saw deliberate violence used against children on a vast scale.

In the armed conflicts of recent years, children have been special targets and, tragically, also perpetrators of violence. The number of children who have been directly affected by armed conflict is enormous and unprecedented. During these conflicts, children have been maimed, killed or uprooted from their homes and communities. Children have been made orphans and have been subjected to exploitation and sexual abuse. Children have been abducted and recruited as soldiers. War's impact on girls is particularly damaging to future generations.

War affects every aspect of children's development.

The use of children as soldiers has become common. There are now an estimated 300,000 children actively involved in conflict. Children who are among the world's 35 million displaced people are particularly vulnerable to abduction or recruitment as soldiers.

The global commerce in and proliferation of small arms and light weapons, along with landmines and unexploded ordnance, threaten children's lives every day. Many conflicts are driven by economic interest, such as the desire to control valuable natural resources. There is growing evidence that some industries are responsible for fuelling wars that have resulted in horrific violations of children's rights.

War affects every aspect of children's development: Malnutrition increases because of low food production and displacement; resources for social services are diverted into the war effort; as health services deteriorate, infant and child mortality rates rise; the destruction of schools reduces access to education; and displacement separates families and deprives children of a secure environment. All these elements are common features of today's conflicts – and if we are to ensure the well-being of all children in the 21st century, they deserve special attention and action.

It is true, however, that the World Summit's call to *adopt special measures such as 'corridors of peace' to allow relief supplies to reach women and children and 'days of tranquillity' to vaccinate and to provide other health services for children and their families in areas of conflict* did not go entirely unheeded. Over the last decade, National Immunization Days (NIDs) have taken place in many countries in conflict, an acknowledgement by warring parties that the rights and well-being of children must be allowed to prevail, even in times of great inhumanity.

Graça Machel's report on the 'Impact of Armed Conflict on Children', which was submitted to the UN General Assembly in 1996, provided the first comprehensive assessment of the multiple ways in which children's rights are being violated in the context of armed conflict. Her report laid the foundation for the mandate of the Special Representative of the Secretary-General for Children and Armed Conflict, created by the General Assembly in 1996. The Special Representative is mandated, among other things, to "assess progress achieved, steps taken, and difficulties encountered in strengthening the protection of children in situations of armed conflict; raise awareness and promote the collection of information about the plight of children affected by armed conflict and encourage the development of networking," as well as to "foster international co-operation to ensure respect for children's rights" in the various stages of armed conflict. The efforts of the Special Representative have been of critical importance in moving forward the agenda on children affected by armed conflict at both global and regional levels.

HUMANITARIAN ACTION FOR CHILDREN DURING ARMED CONFLICTS

War frequently deprives children of access to humanitarian assistance and protection and thus the realization of their rights to health and education. Though diseases such as polio are within sight of being eradicated worldwide, there have been serious setbacks in some countries where armed conflict has devastated the infrastructure needed to ensure immunization. Thus Angola has the highest percentage of polio infection in all of Africa, while the Democratic Republic of Congo has seen an almost tenfold increase in polio since 1999.

National Immunization Days (NIDs) are an important and successful strategy to fulfil children's right to adequate health care, even in the midst of conflict. The promotion of NIDs allows vaccination campaigns to reach otherwise inaccessible children. In addition, the negotiations to ensure that NIDs are respected by all parties to conflict have often brought together humanitarian, political and military actors to provide broader services for children.

In Sudan, NIDs in 1999 and 2000 provided the first opportunities in a decade to reach certain populations living in the Nuba mountains. Some of the areas visited had never before been reached by humanitarian agencies.

In Sierra Leone, NIDs negotiated by WHO and UNICEF in 1999 and again in 2000 were a sign not only of commitment to children but also of progress in the peace process. In clandestine audiences with the rebel commanders, the two agencies emphasized that immunization could prevent disability and death from polio. In the end, the commanders allowed teams of United Nations-backed government health workers not only to immunize children in areas they had closed to humanitarian and human rights workers but also to repair roads to allow teams to get through. The commanders rounded up bicycles to allow the teams to visit areas unreachable by car.

UNICEF and WHO also negotiated annual 'days of tranquillity' – when guns fell silent on all sides – for nationwide immunization campaigns in Sri Lanka between 1996 and 2001.

The Machel report pointed to the need to strengthen existing international standards to protect children in conflict situations. Some progress has been made in this regard in the last decade. In 2000, the General Assembly adopted the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, which raises the age at which participation in armed conflicts will be permitted from 15 years to 18 years, and bans compulsory recruitment of children under 18 years of age.

Mobilization and advocacy by concerned governments and civil society organizations have also led to the adoption of other international instruments that affect the situation of children in armed conflict, including the Convention prohibiting anti-personnel mines and ILO Convention 182, which also prohibits the forced recruitment of children for use in armed conflict.

The effort to ensure that war crimes against children and women are not perpetrated with impunity has advanced with the adoption of the Rome Statute of the International Criminal Court. The Statute recognizes the conscription of child soldiers, rape, sexual slavery and enforced prostitution as war crimes. The Statute includes special provisions to protect child victims and witnesses who appear before the Court.

Such worldwide mobilization and advocacy has pushed the plight of children affected by armed conflict higher on the international political agenda. The first International Conference on War-affected Children was held in Winnipeg, Canada, in

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September 2000. The UN Security Council has acknowledged the link between violations of children's rights and threats to international peace and security and has established an annual open debate on this issue. Important steps have been taken to integrate children's concerns in peace operations, including peacekeeping mandates and training for peacekeepers. Child Protection Advisers have been deployed as part of the UN peacekeeping missions in the Democratic Republic of Congo and Sierra Leone. The well-being of war-affected children has been specified in peace agendas and peace accords in Burundi, Northern Ireland and Sierra Leone.

Moreover, humanitarian assistance for children in armed conflicts now often includes special protection measures. During the last decade, humanitarian agencies have involved themselves more directly by implementing programmes for demobilizing children, reuniting them with their families and reintegrating them within communities. Agencies have increasingly been called upon to negotiate direct access to the most vulnerable populations with governments and rebel groups.

New frameworks of cooperation aim to involve all actors in efforts to prevent violations and protect children. Commitments to respect children's rights have been secured from opposing sides. In some cases, a memorandum of understanding has been reached, such as that between Operation Lifeline Sudan and the Sudan People's Liberation Army.

More emphasis is also being placed on access to education, psychosocial rehabilitation and reintegration in crisis situations. In East Timor, the UN Transition Administration and NGOs developed child-friendly spaces in the midst of conflict, allowing time and space for learning, recreation and psychosocial support. In Albania, Lebanon and Turkey, this approach has proven to be an effective means of ensuring protection of children and their caregivers, as well as promoting peace and reconciliation initiatives among children. It is now recognized that children should be involved in the design and implementation of programmes on their behalf, especially demobilization and reintegration processes, and, in general, policies to restore peace and put an end to violations of children's rights. Innovative local initiatives have been developed to strengthen the protection of the rights of children during armed conflict. These include the National Commission for Children in Sierra Leone and Children as Zones of Peace in Sri Lanka.

The last decade saw tremendous political progress in the development of an agenda and standards to protect war-affected children, yet children continue to suffer in enormous numbers.

Priority actions for the future on children affected by armed conflict

- Improve information-gathering, data collection, research and analysis on children in conflict situations in order to improve programme implementation and policy.
- Stop the recruitment and use of children as soldiers, and secure the universal ratification and implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and of ILO Convention 182. Mobilize resources for disarmament, demobilization and reintegration programmes for former child soldiers.
- Ensure access to improved treatment, care and support for children affected by HIV/AIDS in conflict zones. HIV/AIDS-awareness education for prevention

and care during emergencies should be conducted in schools and education systems. Military and peacekeeping personnel should also have HIV/AIDS education and training.

- Emphasize conflict-prevention policies that promote equitable social and economic development, good governance and respect for human rights and the rule of law.
- Control the illicit flow of small arms and light weapons and ensure the implementation of the ban on the production and use of anti-personnel mines.
- Integrate child protection into political agendas, and particularly peace processes, by including issues relevant to children during peacemaking throughout post-conflict situations, as well as by including child-protection staff in peacekeeping and other field operations.
- End impunity and promote accountability through the universal ratification of the Rome Statute of the International Criminal Court, exclusion of war crimes against children from amnesty provisions and legislation, and inclusion of child-protection provisions in the statutes and rules of war-crimes tribunals and courts.
- Address more systematically the responsibility and accountability of non-state entities, including private companies and insurgent groups. This should include the exposure of companies that profit from any activities of parties to conflict that involve abuses of human rights or breaches of international law.

Refugee children

When the World Summit took place, UNHCR estimated that 7 million of the world's 15 million refugees were children under the age of 18. There are now some 22.3 million refugees and other people within UNHCR's remit, of whom 11 million are children. For this reason alone, protecting the rights of refugee children deserves to be a priority during the next decade.

During the past decade, issues related to the rights of refugee children have come much more to the fore. It is now better understood that initiatives designed to benefit refugee children have to take their caregivers and community into account. The priorities have been to protect children from sexual exploitation and military recruitment, offer them access to education, and either reunite them with their families or offer alternative care.

Refugee children are among those most at risk of illegal recruitment into armed forces.

Considerable success has been achieved in reuniting refugee children with their families, often in cooperation with tracing efforts of the International Committee of the Red Cross. Efforts to improve the quality of education programmes for refugee children have increased retention rates. There have also been promising efforts to incorporate peace education, human rights education and especially environmental awareness into educational programmes. The rights of adolescent refugees have received special attention, including those who have been forced by circumstances to assume the role of head of household.

Refugee children are among those most at risk of illegal recruitment into armed forces. Reunification of refugee children with their families is the most effective method of preventing such recruitment and is a vital component of rehabilitation.

Other preventive measures include relocating refugee camps, separating combatants from the civilian population and strengthening the capacity of the forces responsible for camp security.

In Europe, a number of countries have improved their procedures for evaluating claims by unaccompanied children seeking asylum, including recognizing the child's right to be heard and reducing delays in reaching a decision. Other countries, especially in Africa, indicate that financial constraints limit their ability to ensure refugee children's access to education or other basic services.

Priority actions for the future on refugee children

- Ensure broader and more consistent application of the approaches that have been developed during the decade to support family reunification or alternative care, protection against sexual exploitation and military recruitment, and access to education. These approaches must be fully incorporated into the practices of UN agencies, and governmental and non-governmental counterparts in all countries where significant refugee populations exist.
- Ensure prompt responses to the needs of unaccompanied children seeking asylum, including effective tracing and family reunification whenever possible.
- Protect refugee girls and women against sexual violence and exploitation and protect all refugee children against military recruitment and indoctrination.
- Guarantee the right of all refugee children to education and expand efforts to incorporate human rights and peace and environmental awareness into that education.
- Continue efforts to ensure that, in all countries where the refugee population outstrips the capacity of the host country, there is sufficient aid to cover the necessary services.

Sexual abuse and exploitation

There are no precise statistics available on the number of sexually abused and exploited children – inevitably so, given the sensitivity of the issue, the criminal and covert nature of these violations and the limited research that has been conducted to date. What is abundantly clear, however, is that we are confronted with a global problem, with every region of the world struggling with some aspects of child sexual exploitation.

The past decade has witnessed a dramatic and desperately needed increase in the willingness to recognize and confront the problem of children's sexual exploitation. A long silence has been replaced with growing awareness and prominence on public and political agendas.

The World Summit for Children underlined the need for governments to give special attention, protection and assistance to sexually exploited children, leading to a significant increase in UN initiatives. The Commission on Human Rights appointed a Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, and a programme of action on these three fronts was adopted in 1992. The 1999 ILO Convention 182 on the Elimination of the Worst Forms of Child Labour also addresses the sale and trafficking of children, child prostitution and pornography. This treaty was closely followed by the adoption of an Optional Protocol

to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. Finally, a Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, has recently been added to the UN Convention against Transnational Organized Crime, providing the first internationally agreed-upon definition of trafficking.

Early in the decade, NGOs – especially the organization End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT) – played a key role in drawing attention to child sexual exploitation and the urgent need for action. The 1996 World Congress against Commercial Sexual Exploitation of Children then set out an Agenda for Action that was adopted by the 122 Governments represented.

Since then, a number of governments have worked to develop national plans of action to combat the commercial sexual exploitation of children. A range of measures has been taken against 'sex tourism', including extraterritorial laws that criminalize the purchase of sexual services from minors abroad, improved law-enforcement cooperation between countries and commitments from the travel industry. Programmes have been developed to protect and assist children, such as community monitoring, awareness-raising campaigns, improved educational opportunities for at-risk children, and shelter, recovery and reintegration programmes. The media have increased public awareness and deterred such violations by profiling cases of abuse and exploitation.

UN agencies have joined forces with Interpol and private enterprises in the tourism, computer and Internet industries to prevent the sexual exploitation of children. Action at the national level, meanwhile, has resulted in new laws being passed and existing legislation improved, criminalizing child trafficking and the production, dissemination or possession of child pornography, extending protection for children up to 18 years of age and countering child sexual exploitation via the Internet.

Trafficking in children for the purposes of sexual exploitation has reached alarming levels not only in South-East Asia but also in Africa, Eastern Europe and South Asia.

Experience from the past decade has revealed that certain groups of children are at particular risk, including girls, child domestic workers, children living in poverty or on the street, disabled children, children living in institutions and correctional facilities, children in situations of armed conflict and refugee or internally displaced children.

The spread of sex tourism and the dissemination of pornography through the Internet can be successfully combated only by responses that cut across national borders and the public/private divide. Such comprehensive partnerships are also vital to controlling trafficking in children for the purposes of sexual exploitation, which has reached alarming levels not only in South-East Asia but also in Africa, Eastern Europe and South Asia.

Priority actions for the future on sexual abuse and exploitation

- Greater investment in research, data gathering and analysis.
- Improvement of legislative responses and their enforcement – establishing laws with extraterritorial jurisdiction and special procedures to protect child victims and witnesses in situations of sexual exploitation and abuse.

- Better collaboration between law-enforcement agencies and judicial authorities, and conclusion of mutual assistance treaties.
- Further emphasis on recovering and reintegrating child victims, and on preventing their criminalization.
- Continued efforts to build broad-based partnerships at the local, national, regional and international levels, with a greater emphasis on sharing lessons learned.

CHILDREN IN CONFLICT WITH THE LAW

The World Summit Plan of Action called for special attention, protection and assistance to 'juvenile delinquents' – children in conflict with the law. The 1990s witnessed the adoption of a comprehensive international framework of rules and guidelines in the field of juvenile justice. Along with the Convention on the Rights of the Child, the most important of these are the UN Standard Minimum Rules on the Administration of Justice ('Beijing Rules'), the UN Guidelines for the Prevention of Juvenile Delinquency ('Riyadh Guidelines') and the UN Rules for the Protection of Juveniles Deprived of Liberty.

Several countries fixed a minimum age below which children are presumed not to have the capacity to infringe the penal law. Others established specialized courts to ensure that juveniles accused of an offence are treated in a way that takes their age into account and promotes their sense of dignity and worth. In Latin America, newly adopted codes on the rights of children have often included specific provisions designed to ensure due process in juvenile justice.

Many countries have now taken steps to guarantee children's right to be heard in legal and administrative proceedings that affect them. Many have adopted laws or regulations providing that children should never be deprived of liberty, whether before or after trial, except as a last resort and for the shortest possible time. All but five countries in the world have now eliminated the possibility that the death penalty be applied for crimes committed by those under the age of 18. Some countries have also specifically banned the flogging of people under age 18.

Priority actions for the future on children in conflict with the law

The time has come to invest in the enhancement of national child-friendly systems of juvenile justice where the child's dignity and worth are promoted, and the child's social reintegration pursued.

- Special efforts should be made to prevent juvenile delinquency through effective educational opportunities, stable family environments and community-based programmes that respond to the special concerns of children and offer appropriate guidance and counselling to them and their families.
- Legislation should be advanced to ensure that children are only deprived of their liberty as a last resort and for the shortest period possible. A minimum age of criminal responsibility should be established and due process ensured for all children involved with the justice system.
- Alternative structures should be developed to deal with children without resorting to judicial proceedings, always providing that children's rights are respected and that restorative justice systems are encouraged so as to promote community involvement in victim-offender reconciliation.

- Existing international standards should be publicized through awareness-raising and information campaigns, as well as through training of law-enforcement officials, prosecutors, judges, lawyers and social workers.

ILLICIT DRUG ABUSE AND DRUG TRAFFICKING

The Plan of Action of the World Summit for Children called for concerted action by governments and intergovernmental agencies to combat the "global menace" of illicit drug production, distribution and trafficking aimed at young people and, increasingly, children. It emphasized the need to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent children from being used in drug production and trafficking. The Plan of Action also recognized the need for educating young people about tobacco and alcohol abuse.

A global review of drug abuse among young people, presented to the Commission on Narcotic Drugs in 1999, found that while the nature and extent of drug abuse vary from region to region, very large numbers of young people are being exposed to a variety of drugs. These include relatively cheap and easily available substances such as volatile solvents.

Many countries have mounted drug-abuse prevention campaigns directed towards young people. In many cases, these would be stronger if young people participated in developing them. The challenge of effective prevention and relevant responses is hampered by the lack of good qualitative information on how young people perceive drugs and why they use them.

It became clear during the decade that prevention programmes should provide not only information about the consequences of drug abuse but also opportunities for young people to develop life skills to deal with difficult situations and alternatives to drug-using behaviour, such as sport and recreation. Many of these opportunities can be created through schools and community organizations.

Protecting especially vulnerable and disadvantaged children and young people is a specific challenge. Groups that are at very high risk include working children and those living on the street, victims of conflict and natural disasters and young people living in marginalized communities. Primary prevention programmes need to make special efforts to gain access to these young people and to understand and respond to their particular needs. This can often be achieved through mobilizing volunteers and street educators, as UNAIDS, the UN International Drug Control Programme (UNDCP) and Street Kids International have done when working with street children in Asia. The fact that the age when drugs are first used is falling underscores the need for treatment, counselling and rehabilitation centres that are accessible to and appropriate for young people.

Experience in the 1990s has taught us that young people and children are best seen not as a problem to be targeted, but as partners in the prevention of drug abuse.

Experience in the 1990s has taught us that young people and children are best seen not as a problem to be targeted, but rather as partners in the prevention of drug abuse. Their confidence needs to be gained by using accurate and credible infor-

mation, and their voices need to be heard by policy makers and the public at large. The Global Youth Network for the Prevention of Drug Abuse, with the assistance of UNDCP, helps to promote positive alternatives to drug taking. The Young People in Crisis initiative, meanwhile, takes a comprehensive approach to the health and development needs of young people, and focuses especially on those who are highly disadvantaged and who do not have access to regular social services.

Priority actions for the future on illicit drug abuse and drug trafficking

- Make specific efforts among population groups that are especially at risk, for which young people and children should be mobilized as peer educators.
- Tailor strategies to the particular settings and cultures in which young people live, combining educational approaches with health promotion and the building of self-esteem, resilience and skills to resist stress and peer pressure.
- Step up efforts to protect children from involvement in illicit drug trafficking.

Children with disabilities

The World Summit for Children included children with disabilities among those *in especially difficult circumstances* requiring special attention, protection and assistance. Children with disabilities are, of course, entitled to all of the rights to which any child is entitled and, as the Convention on the Rights of the Child makes explicit, *should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.*

It is estimated that between 120 million and 150 million children live with disabilities. The major efforts during the 1990s to eradicate polio and guinea worm disease, to counter iodine and vitamin A deficiencies and to prevent measles have all contributed to reducing disability. But it remains true that many of the persisting causes of disability – poor maternal health and unsafe delivery, malnutrition, non-infectious diseases, congenital diseases, infectious diseases and war injuries – are preventable, resulting from poverty or the lack of access to health care.

Between 120 million and 150 million children live with disabilities. The majority live in developing countries – most in poverty and many in rural areas.

Children with disabilities continue to experience discrimination and lack access to health care. In many societies, children with disabilities are abandoned or institutionalized at a higher rate than are other children. Between 6 million and 8 million such children live in institutions around the world, according to one estimate. Whether within institutions or in the family, disabled children are three to four times more likely than are other children to suffer neglect and physical, sexual or emotional abuse.

The majority of children with disabilities live in developing countries – most in poverty and many in rural areas, where access to specialized services of any sort is rare. WHO estimates that only 1 per cent to 2 per cent of people with disabilities who need rehabilitation services have access to them. But the lack of specialized services is not the only obstacle. The greatest problems faced by individuals with disabilities are social, economic and cultural – not medical – in nature. Many children with disabilities do not attend school because their families think that they do not need an education,

or because it is thought that their presence in the school will be detrimental to the education of 'normal' children. Discriminatory attitudes and practices exclude disabled children from other forms of social support and interaction as well, ranging from leisure activities to employment training.

Internationally, considerable progress was made over the decade in recognizing the rights of people with disabilities, including children. In 1993, the UN General Assembly adopted detailed standard rules for providing equal opportunity and a Special Rapporteur was appointed to report on the implementation of these. The 1994 World Conference on Special Needs Education was an important step forward in promoting the goal that children with disabilities should attend mainstream schools. In 1997, the International Working Group on Disability and Development was created, bringing together UN agencies, bilateral aid agencies and NGOs, including organizations of people with disabilities. There is also now a World Programme for Action Concerning Disabled Persons, which proposes a threefold approach incorporating prevention, rehabilitation and equalization of opportunities.

In a number of countries, efforts have been made to strengthen rehabilitation programmes, including attempts to detect disability earlier so that children can receive timely attention. Other countries have focused on providing families with training and support in caring for children with disabilities, thus reducing the rates of abandonment and institutionalization.

Many innovative efforts to incorporate children and adolescents with disabilities into community activities have taken place during the decade. Sports programmes for such children have expanded substantially in number and scope. In industrialized countries, the Internet has proved to be an invaluable tool for promoting the social, intellectual and emotional development of children with disabilities and facilitating communication among them. There is much greater awareness of the need to provide activities that meet the special requirements of children with different types of disabilities, including adolescents and girls, and respond to a broader range of needs, including vocational training, employment and HIV/AIDS awareness.

Priority actions for the future on children with disabilities

- Establish coherent and viable national plans of action based on comprehensive and reliable data.
- Support comprehensive prevention efforts that address all causes of disability.
- Set up effective early-detection programmes.
- Offer families of children with disabilities support that reinforces their ability to care for their children.
- Ensure that all children with disabilities have access to education.
- Strengthen efforts to further the social inclusion of different groups of children with disabilities.

CHILDREN FROM SOCIALLY DISADVANTAGED GROUPS

The World Summit for Children called for efforts to ensure that no child is treated as an outcast, and identified the children of migrant workers and other socially disadvantaged groups as deserving of special attention, protection and assistance. Over the decade, the

vulnerability of children belonging to national, ethnic, indigenous or linguistic minorities gained attention.

Children from disadvantaged groups often endure poor living conditions, limited educational opportunities and poor access to basic health care. They are also more likely to be confined to care institutions or detention facilities.

Indigenous peoples worldwide have the highest rates of infant mortality, birth defects and complications relating to birth; they are also more likely to suffer from preventable or curable diseases. The rapid spread of HIV/AIDS and other sexually transmitted infections among indigenous young persons in Africa, Asia and South America is a grave concern. Indigenous representatives have also emphasized the high proportion of indigenous youth addicted to alcohol and drugs.

In some cases, migratory cultures and remote locations make it difficult – but also especially urgent – for local and national authorities to fulfil their responsibilities towards these children. In other cases, such children have been directly targeted in conflict situations. The lives of migrant children continue to be hampered by language and cultural differences, legal and social prejudice and marginalization by both teachers and other students. Protection mechanisms and disparity-reduction strategies are required to promote social inclusion and respect for the rights of children from disadvantaged groups.

The rapid spread of HIV/AIDS and other sexually transmitted infections among indigenous young people in Africa, Asia and South America is a grave concern.

The challenge remains to safeguard the rights of these children – including through birth registration, the provision of mobile, culturally appropriate health care or other services in remote locations, and bilingual and intercultural education systems. In many countries, both school curricula and juvenile-justice systems need to tackle discrimination against children belonging to disadvantaged minorities. And it is clear that their rights cannot be fulfilled without expert support that meets their specific needs, such as trauma counselling and new language skills.

Priority actions for the future on children from socially disadvantaged groups

- Develop and support campaigns to raise awareness of the rights of these children so as to prevent discrimination and marginalization and to ensure respect for their identity.
- Give high priority to the provision of appropriate multilingual and multicultural educational opportunities.
- Provide specific protection and services, including legal recognition of their rights, protection from discrimination, birth registration and user-friendly health services.

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PART III:

PERSPECTIVES FOR THE FUTURE

Lessons learned from the past decade

What is striking about the aftermath of the World Summit for Children is the time it has taken to translate political consensus into effective action. For many reasons, we do not always quickly apply what we know.

A decade ago, the World Summit Declaration and Plan of Action emphasized the importance of pursuing child-specific actions in national policies and plans, of supporting the efforts of parents and caregivers, of empowering young people with knowledge and resources and of mobilizing all sectors of society to achieve results for children. The leaders at the World Summit also recognized the dire threat of HIV/AIDS and gave high priority to the prevention and treatment of this disease.

Yet a gap remained between promise and action. Its consequences are most apparent in the death march of the HIV/AIDS pandemic and its devastating effects on the survival and development of children in the worst-affected regions. But they are also evident across the whole range of children's rights, including health, education, recreation and participation.

Why has this been so? Why have we seen lasting advances for children in some areas of activity and such halting progress in others?

The lesson of the last decade is that it is not enough for leaders to promise something, even when the resources are available to back it up, unless the whole of society is mobilized to achieve the goal. The most striking advances towards the goals of the World Summit for Children – first in immunization, then in polio eradication, salt iodization, vitamin A supplementation, guinea worm eradication and, in some regions, school enrolment – were achieved through this combination of strong partnerships and sustained political commitment, involving the broadest possible range of people.

The idea of child rights is dynamic – it changes us and the way we approach things.

Experience in the 1990s also shows that applying explicit child-rights principles can strengthen implementation. This was not fully appreciated in 1990, when concern focused much more on achieving ratification of the Convention on the Rights of the Child than on how the principles within the Convention could be applied. But the idea of child rights is dynamic – it changes us and the way we approach things. And recent years have produced many positive examples of child-rights principles being

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applied to practical action. These include community-led monitoring for reducing child malnutrition in South Asia and East Africa; special efforts to provide relevant education to minority populations in semi-arid areas; legal reform to improve the treatment of children in custody and in courts in South America; and initiatives by 'child-friendly cities' in Asia to ensure high rates of immunization and to protect children from the sex trade.

Children's goals and human rights

It has also become clear that children's rights and specific child-related development goals are best pursued within the broader framework of human rights. The Convention on the Rights of the Child and other human rights conventions have emerged as powerful legal instruments for achieving this – as well as for providing an ethical framework. At the same time, women's status and well-being are now widely understood to be central both to human development and to the realization of children's rights. Grossly unequal gender relations not only deny girls and women their rights, they also directly undermine the growth and development prospects of children.

Development and democratic processes at all levels of society are closely interrelated and mutually reinforcing. Transparent and accountable government, in particular, is an essential condition for securing the rights and development of children. High-quality governance depends on commitment to human rights, including the rule of law, the reduction of impunity and the impartiality of the judiciary. Governments must also guarantee comprehensive access to a basic set of public services, including protection from violence and aggression. Families and civil society organizations have shown that – with the appropriate support – they can take a lead role in promoting and protecting the rights of children. In the 1990s, the reform of legislation and codes relating to children in many countries gave great – and sometimes unexpected – impetus to public sector accountability and awareness of children's rights.

Historically, adults who have injured, abused, killed, trafficked in or otherwise exploited children for profit or satisfaction have rarely been called to account. Developments in recent years give some hope that this disregard is ending.

Historically, adults who have injured, abused, killed, trafficked in or otherwise exploited children for profit or satisfaction have rarely been called to account. Developments in recent years give some hope that this disregard is ending and demonstrate the powerful role of judicial systems in preventing and dealing with violence against children. Where national legislation to end impunity is combined with local mobilization and broad awareness of illegality, it is possible to curb violence and abuse against children. Two-pronged strategies of this kind can be effective even in conflict situations or in opposition to long-standing violations such as female genital mutilation. They require bold and committed leadership and may not be popular initially.

This is also an area in which government partnerships with the private sector –

drawing on private sector resources while ensuring that it adopts responsible practices – can reap dividends, as seen in the cases of trafficking and harmful child labour. Civil society organizations have a key role to play as independent monitors, in changing ideas about what is considered acceptable behaviour and in raising awareness of children's rights.

Initiatives in the 1990s to address exploitation and violence have shown again how children's rights and progress are directly related. There are strong linkages, for example, between education systems and the reduction of child labour; birth registration and the access of minority children to basic services; and humanitarian relief and child protection in conflict situations.

Seeing children differently and acting accordingly

The World Summit for Children recognized the need for millions of children living in especially difficult circumstances to receive special attention, protection and assistance. Repeated experience in the 1990s has underscored the need to reverse the too common assumption that such children are somehow to blame for their predicament. From the failures of earlier projects that targeted children as 'problem individuals', it is clear that the roots of problems affecting children are usually found in the wider social setting. Policies need to focus not only on the immediate factors affecting children but also on the broader reasons for their exclusion. Putting children into institutions, for example, has often been an immediate response to problems but has rarely been a solution. The wider factors at work may include the failure to address prejudices about disability or ethnicity that lead to discrimination, or the need to protect children, including girls and adolescents, from such risks as drug trafficking and gender-based violence.

The prevailing view of adolescents is changing, from seeing them as the cause of problems such as violence and drug abuse to viewing them as important actors in solving their own and society's problems. The decade has also seen efforts, if tentative at times, towards reforming welfare and criminal-justice systems to focus more on protecting than on prosecuting adolescents and on providing community and recreational alternatives to custody and punishment. These approaches are more consistent with child rights and often more effective as well. This is another area in which bold political leadership and positive shifts in public opinion need to reinforce one another.

Evidence from the 1990s proves that the education and healthy growth of children are crucial both for future economic progress and to break the intergenerational cycle of poverty.

Investing in children's progress: An imperative

The case for investing in children has been strengthened immeasurably by the experience of the 1990s. Well-integrated programmes for children in early childhood, and in support of families, especially those in high-risk situations, are now widely understood to have lasting benefits not just for children but also for overall

economic development. Public spending on basic education and other social services, particularly for girls and women, lays the foundation for better use of family-planning services, raising the age of marriage, delaying first pregnancy and improving child care and nutrition. The pay-offs for national development are enormous. Evidence from the 1990s proves that the education and healthy growth of children are crucial both for future economic progress and to break the intergenerational cycle of poverty.

Despite this compelling evidence, in the 1990s governments of both industrialized and developing countries did not provide the resources required to radically improve the situation of women and children. In 1995, the World Summit for Social Development backed many of the goals of the World Summit for Children and endorsed the 20/20 Initiative – that 20 per cent of a developing country's budget, plus 20 per cent of overseas aid, efficiently spent on basic social services, would be sufficient to guarantee everyone access to those services. But studies of some 30 developing countries indicate that during the 1990s basic social services received an average of 12 to 14 per cent of the national budget and 11 per cent of aid. In fact, some countries drastically reduced their investment in basic services.

The world's children have not had the promised 'first call' on resources. National leaders must act on the past decade's most important lesson: that investing in children from the earliest years is neither a charitable gesture nor an extravagance but is rather the best way to ensure long-term development.

What is more, despite unprecedented budget surpluses and economic growth, the proportion of industrialized countries' GNP devoted to aid actually declined markedly during the 1990s, hitting an all-time low in 2000 of 0.22 per cent. The long-standing minimum recommended by the UN of 0.7 per cent of GNP appears to be an even more distant target at the end of the decade than it did at the beginning.

Clearly, the world's children have not had the promised 'first call' on resources – despite the extraordinary growth of the global economy. Consequently, much more needs to be done now, and with the greatest urgency. National leaders must act on the past decade's most important lesson: that investing in children from the earliest years is neither a charitable gesture nor an extravagance but is rather the best way to ensure long-term development.

Special efforts for the most disadvantaged

Another clear lesson of the 1990s is that special interventions and targets are needed to reach those children and families who are most disadvantaged – who are mired in poverty, face special risks and are unable to benefit from economic growth and general social provisions. In country after country, it has been found that such interventions can have a lasting impact only if they are based on a true understanding of why such risks and exclusion occur. Action should be guided not only by how many children are attending school, but also by why some children, often girls or those from minority groups, are still not attending or succeeding. Why do many adolescents manage to avoid HIV infection, while others, predominantly girls, become infected? Asking such questions may involve facing up to painful realities – such as

deep-rooted social attitudes and practices that underlie discrimination and cause children to be harmed. But such questions need to be asked if disadvantaged children and families are not to be left behind.

A good understanding of the causes of poverty and exclusion is the first step towards overcoming these obstacles to children's progress. And this is best gained directly from those who experience exclusion in their daily lives, including children. Poverty and exclusion have many faces and causes, and these have often been underestimated in macroeconomic policies and development strategies that have relied on quick, easy and office-based solutions.

Children and families as participants in development

We know more clearly now than ever before that if development is to be sustained and poverty to be reduced, it will require the strong and active participation of children, women and men in the decisions that affect them. People must be empowered to be key actors in their own development. This applies equally to children, whose participation and self-expression – based on their evolving capacities and with respect for parental guidance – should be valued by adults.

Placing resources, information and decision-making power as close to families as possible is critical. Experience in many community-led schemes has shown that women who are fully involved in decision-making become effective agents for social change. Enabling such participation requires a change not so much in development theory and policy – which have long emphasized participatory approaches – but in the skills, attitudes and daily decisions of professional workers, from the nurse and head teacher to the minister of state. Practices that foster participation are most likely to be successful when backed by adequate levels of pay, accountability systems and clear commitment from political leaders.

Interventions in the 1990s began to take advantage of the new resource opportunities that are rapidly emerging through partnerships and the falling cost of new technology in information, communication and medical science. Both the established mass media and newer options in information networking have placed more power at the community level. When new technology and public-private partnerships have combined with community participation, the results have sometimes been remarkable – as with the recent initiatives on malaria, polio and interactive classroom education.

It is increasingly evident, however, that intractable problems – such as maternal mortality, protein-energy malnutrition, poor hygiene and sanitation, HIV/AIDS and endemic violence – cannot be resolved through single sector or 'vertical' approaches alone. These problems are not new, but they are more widespread and entrenched than they were a decade ago. We need responses that both empower the people most affected and address the underlying reasons for slow progress. Where access to sanitation has improved, for example, it has involved

The World Summit for Children's strategy of setting specific goals and targets for children's rights and development has proven to be highly effective.

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more than simply improving technology: Where people have understood the relationship between clean water, sanitation and health, they have made sanitation a priority in their communities. And this has been possible only when those who fetch the water and use the facilities have become partners in planning and management.

As suggested by these examples, the role of parents and the wider family in the care and nurturing of children, particularly in the early years, is of critical importance. However, this has often been overlooked, perhaps because these essential front-line contributions to the survival, health, nutrition, cognitive and psychosocial development of children – and to the learning of positive values – are less readily visible than, for instance, the role of infrastructure. Approaches in primary health care are once again emphasizing the importance of partnerships between families and health workers – and concentrating public resources on the local facilities that serve the majority of families.

The merits of a goal-focused approach

The World Summit for Children's strategy of setting specific goals and targets for children's rights and development has proven to be highly effective. Time-bound, well-specified goals and intermediate targets have not only demonstrated great power to motivate but have also provided a basis for regular monitoring and reporting on progress. The challenge is to pursue clear and widely agreed goals in ways that help advance the rights of children while encouraging community participation and local monitoring. Such approaches are more likely to lead to sustainable achievements by building awareness among families, capacity in communities and accountability between citizens and government.

It is true that the ambitious goals and targets agreed to at the World Summit for Children did not always compel leaders to provide the resources required to fully realize them. But goals and plans relating to children and women must continue to be ambitious if human progress is to be accelerated and scourges like HIV/AIDS and malnutrition are to be banished. To mobilize the necessary resources and to ensure that child-related targets are not consigned to the periphery, these goals should be closely linked with initiatives for human development, poverty reduction, debt relief, decentralization and sector-based reform. These wider initiatives can advance an agenda for children by including child-specific targets and indicators, as well as regular progress reviews that are open to the public.

The most inclusive of partnerships dedicated to achieving a common goal – this is the best way, the experience of the 1990s tells us, to reduce the gap between promises and action and to secure rapid progress for children.

Public action, partnerships and participation

At the broadest level, then, the countries that achieved significant progress in human development in recent decades recognized the essential role of sustained economic growth but did not wait for such growth to occur. They made social investments a priority and spent proportionally more on basic social services, viewing these investments

as a foundation for development. They spent relatively efficiently and protected these allocations in times of economic decline. They also recognized that special attention must be paid to those who are excluded and most vulnerable – and that interventions supporting the advancement of women are critical to human development.

They also involved the whole of society in their project. People recognized that progress was possible and mobilized to bring it about. Often, they adopted the cause of children's rights in their advocacy for reform. Human development, moreover, did not remain the brief of a government department or the passion of an ardent advocate. Rather, it involved everyone: lawyers and journalists, entrepreneurs and community activists, the elderly and the young. The most inclusive of partnerships dedicated to achieving a common goal – this is the best way, the experience of the 1990s tells us, to reduce the gap between promises and action and to secure rapid progress for children.

Building a world fit for children

A world fit for children is a just and peaceful world. It is one in which all children are given the love, care and nurturing they need to make a good start in life, where they can complete a basic education of good quality and, in adolescence, can develop their potential in a safe and supportive environment that will help them become caring and contributing citizens. This is the kind of world children deserve – and one that we as adults have an irrefutable obligation to create.

Families and caregivers are the vanguard of a child-friendly world, and that is why the poverty in which many millions of parents struggle to raise and protect their children must end. We must form and strengthen partnerships as platforms of action for children – and children and young people should be enlisted as interested parties, actors and advisers. Policies, legislation and budgets must be scrutinized to ensure that they are child-friendly and that they address poverty, counter discrimination and reduce inequalities. Private sector contributions, based on principles of social responsibility, should continue to be expanded in support of public action for children. Globalization and its associated technological breakthroughs should be harnessed to work for the benefit of children everywhere.

The Convention on the Rights of the Child provides a set of standards to guide all policies and actions in addressing the best interests of children. The United Nations Millennium Summit Goals and the International Development Targets have set specific and time-bound objectives that must be reached throughout the world if the needs and rights of all children, including the most vulnerable, are to be met.

We should not be satisfied with anything less than the full realization of these international goals and targets. But within their framework, four key areas need to be focused on in this new decade: promoting healthy lives; providing high-quality education; protecting children from abuse, exploitation and violence; and combating HIV/AIDS and the risks the pandemic poses to children, their well-being and their rights. These are the most urgent and strategically important priorities in addressing the needs of children.

To support action in these four key areas, resources of all kinds and at all levels must be mobilized and shifted from damaging or less productive pursuits, such as

armed conflict and wasteful consumption. Within each of these areas, special efforts must be made to reach and include those children who are impoverished, marginalized and vulnerable. Violence against children and harmful acts and discrimination against girls and women must be specifically addressed. We must put an end to the culture of impunity.

Dramatic progress is possible within one generation if we summon the political will to redirect resources towards addressing the basic needs of children.

National leaders, local governments and international agencies should set their own detailed targets, drawing on and adapting those that will be reached at the Special Session on Children. They should establish priorities for accelerated action and conduct regular progress reviews – and should be held accountable for them by the whole of society, including children themselves.

Even in the poorest societies, progress for children can be made and sustained, but it requires a serious commitment by political leaders and policy makers, programme designers and service providers that their actions will be guided by the best interests of children. Dramatic progress is possible within one generation if we summon the political will to redirect resources towards addressing the basic needs of children.

It is now clear to the international community that any successful poverty-reduction strategy must begin with the rights and well-being of children. A society whose children are malnourished, abused, undereducated or exploited cannot truly claim to be progressing or to be developed, however impressive its economic growth or per-capita income levels might be.

It is children whose individual development and social contribution shape the world's future – and it is through children that entrenched cycles of poverty, exclusion, intolerance and discrimination can be ended. This is the vision that inspired the World Summit for Children – and generated a global principle of a 'first call for children' as a guide to public policy, allocation of resources and practical activity.

Here at the start of the 21st century we know that we can build a world fit for children. We possess the understanding, the experience, the normative framework, the communications capacity and the technical know-how. And in this $30 trillion global economy no one can say that we lack the resources. Thus, it is no longer a question of what is possible, but of what is given priority. Those who have the responsibility and resources to act may find other issues vying for their attention – but there is no issue more vital to humanity and its future than the survival and full development of our children.

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Back cover, top to bottom: UNICEF/90 018/Goodsmith, UNICEF/92 0285/Keery, UNICEF/00 0828/Bronstein

Say Yes...

10 Ways to Change the World with Children

- Leave No Child Out
- Put Children First
- Care For Every Child
- Fight HIV/AIDS
- Stop Harming and Exploiting Children
- Listen to Children
- Educate Every Child
- Protect Children from War
- Protect the Earth for Children
- Fight Poverty: Invest in Children

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"There is no task more important than building a world in which all of our children can grow up to realize their full potential, in health, peace and dignity. I commend this report to all the participants in the Special Session on Children, and to the millions of dedicated activists around the world who have united behind this cause."

– Kofi A. Annan
Secretary-General of the United Nations

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